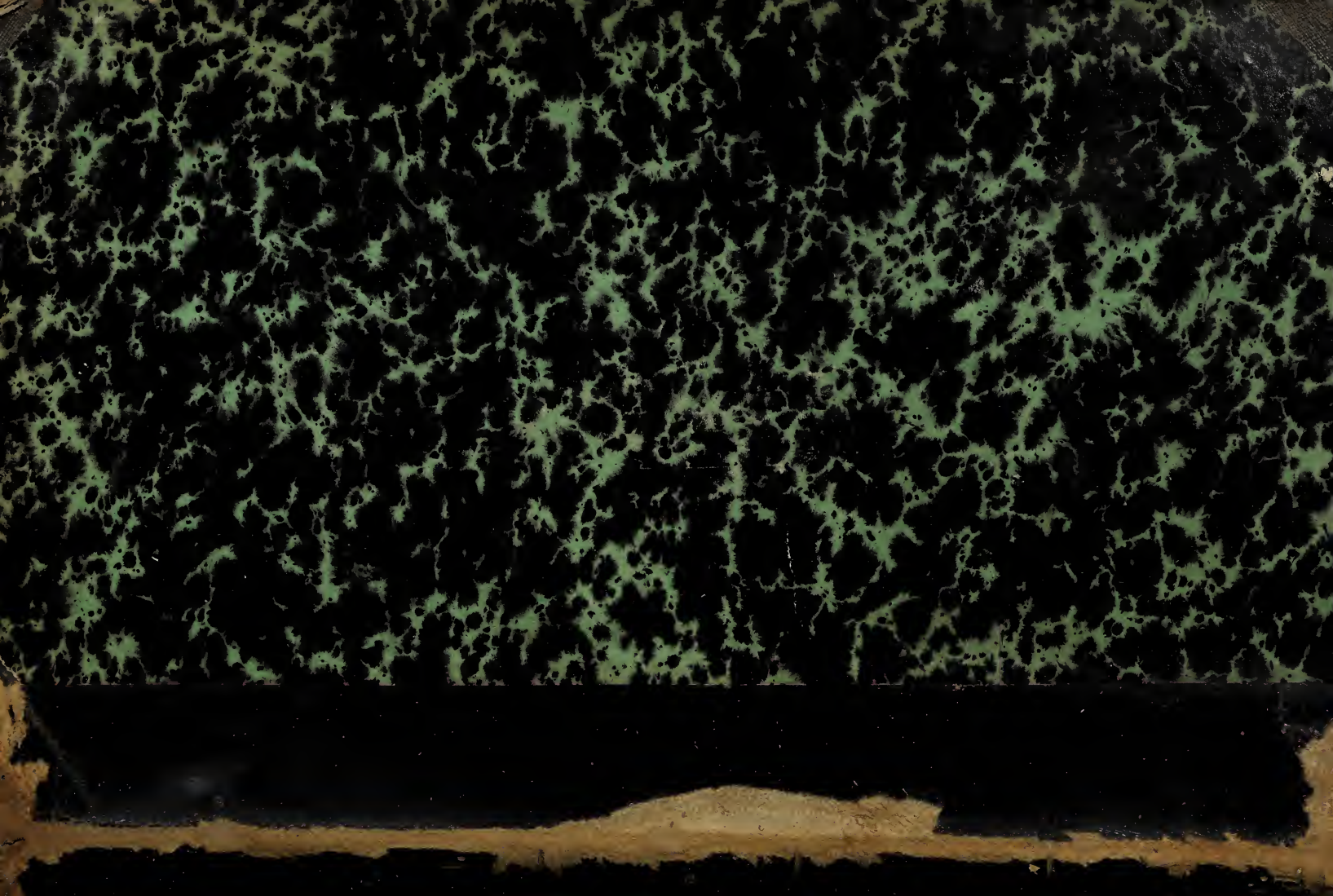

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# MEDICAL JOURNAL,

## BALTIMORE.

EDITORS:

H. E. T. MANNING, M. D., T. A. ASHBY, M. D.

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MARYLAND
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## ORIGINAL PAPERS.

### LÆNNEC AND SKODA.

F. W. PEARSON, M. D., BALTIMORE, MD.

(*Read before the Clinical Society.*)

*Mr. President:—*

The subject which I propose for discussion this evening is the schools of Lænnec and Skoda.

The theme it must be confessed is an ancient one and I am only induced to revive these old dying embers of strife by the breath of argument, from the fact that having lived for some time in Vienna, in a very atmosphere of Skodaism, where to doubt any of his peculiar views was considered the rankest heresy, I was surprised upon my return to this country to find to what a limited extent his theories obtained among the members of the profession here, and that some of them had a great misconception of many of his views, and even in books on physical diagnosis by such men as Flint, Loomis and DaCosta, we often find a blind following in the footsteps of Lænnec, or a complete ignoring of, it may be, the better and shorter path which Skoda and others have pointed out for reaching the same end.

Lænnec being the first in the field, the explanations which he gave of the causes for the different sounds which we hear over the thoracic and abdominal cavities in health and disease, were for many years, and, indeed, by some persons of the present time, accepted without question almost in their entirety; and, it was

not until Skoda commenced his investigations and experiments, do we find any person of note who differed radically from the great Lænnec on any important subject.

If I undertook to point out all the controversial points of the two schools it would far exceed the limited time we have at our disposal; I will therefore confine the scope of this article to those subjects where their lines of argument most widely diverge, and endeavor to give the views of each as plainly and as briefly as possible, and also what has been said *pro* and *con* by other members of the profession who are considered as authorities, and who have written subsequently to the Viennese professor.

I suppose of all the theories propounded by Skoda, none has excited so much discussion, has been so warmly upheld by some, or ridiculed as the veriest nonsense by others, as his explanation of the thoracic voice and bronchial respiration by the theory of consonance.

When, on ausculting the thorax, we hear where normally we ought only to have vesicular breathing, the sound of the voice in speaking of the same character as that heard over the larynx, or breathing with the peculiarities of that which is heard over the trachea, or larger bronchi, Lænnec said it was a sign of consolidation of the lung, and here all writers agree with him, and the reason of its transmission from those distant parts to the ear, was because the solidified airless lung tissue was a much better conductor of sound than normal air-containing lung.

Now Skoda noticed on ausculting a thorax in which these abnormal sounds were heard that they would frequently cease completely for a time, to reappear again when the patient coughed or took a deep breath. Other auscultors had noticed this same phenomenon but had drawn different conclusions from it.

Skoda reasoned thus; he said the cessation of the sound was evidently caused by a stopping up of the bronchial tubes by blood, mucus or some other fluid of sufficient tenacity to prevent air traversing them in ordinary respiration, and that when the patient coughed or drew a deep breath the increased pressure of air in the tubes temporarily removed the fluid, whatever it might be, and the sound was again heard until, in the course of time

there was a fresh accumulation of fluid, and the sound ceased again to reappear when the patient coughed or sighed.

Now said Skoda if solidified lung was a so much better conductor of sound than normal lung, and bronchophony and bronchial respiration depended for their transmission to the ear from this fact, it would make little difference if the bronchial tubes were occluded or not. He then made many trials on normal and solidified lung tissue as to their relative sound conducting power, and according to his experiments he found that in every case sound could be heard further through normal than through solidified lung substance.

As for instance taking two lungs; one we, will say, from a man who had died from a pneumonia with extensive hepatization, and the other from a man who had succumbed to some other disease which had left the lungs in a healthy condition, and causing an assistant to direct his voice into one or the other of them by means of a tube, while Skoda with his stethoscope ausculted the lung in various ways; he invariably found that sound could be heard much further through healthy air-containing lung than it could through hepatized lung, and he found that the sound conducting power diminished in direct proportion to the extent which the lung was deprived of its normal quantity of air.

Experiments with substances analagous to hepatized lung such as liver, heart substance etc., gave the same result, viz: that they were much inferior to healthy lung tissue as sound conducting mediums.

Skoda in this connection remarks that all sounds are heard much better in the medium in which they are excited, and do not pass readily from one substance to another. As for example sounds heard in the air would be heard very faintly by a person under water, and *vice versa* if a diver strike two pebbles together the sound is painfully audible to him while scarcely or not at all heard on land. The sound excited by the human voice in the air of this room will pass with great difficulty through the thick walls surrounding it, and will be heard indistinctly or not at all in the next apartment. So the sounds excited in the air of the larynx or trachea would be transmitted very imperfectly to the

ear through a medium of consolidated and airless lung if it were not for a circumstance which I will mention further on.

Having thus proved to his own satisfaction, and that of his followers, that the increase of the thoracic voice was not because of the superior sound conducting power of the consolidated lung, but that normal lung was as good, or even better conductor of sound, the *onus* remained with him to give an explanation of the cause of this and kindred phenomena. Having pulled down he was obliged to rebuild. He thereupon propagated his theory of the explanation of bronchophony and bronchial respiration by the law of consonance. Skoda says: "If a sound is heard as distinctly at a distance from, as at the spot where it originates one of two things must have happened; either its diffusion must have been prevented and it has remained concentrated in its passage or it has been reproduced by consonance, and thus increased in strength; and if the sound be heard louder at a distance than at its origin it must have also gained increase by consonance."

Consonance is a well known phenomenon. A guitar string yields a musical note when a similar note is sounded on another instrument or even by the human voice. A tuning fork held in the air sounds much more feebly than when laid on a table. The table strengthens the tone, and yields similar vibrations, and thus consonates with the tuning fork. The sound of a jews-harp is scarcely audible in the open air but is distinctly heard when made to vibrate in the mouth--its sound is strengthened in consequence of the air in the mouth consonating with its vibrations."

Then he goes on to say that the voice, as it issues from the mouth, is formed of the sounds in the larynx and the consonant sounds formed in the throat, nose and mouth. We learn this from the change the voice undergoes when we hold the nose and speak, or articulate with the mouth shut, and also, he might have said, by listening with a stethoscope over the larynx and noticing how different the sound of the voice is at its source from what it is when it issues full formed from the oral cavity.

Now it is evident if the air in the throat, mouth and nose consonates with the sounds of the larynx, the air in the trachea and bronchial tubes may do the same—but air will only consonate

when confined in a circumscribed space the walls of which are of a certain density. As for instance if you take a guitar string, and stretch it say between two upright stakes in the open air, it will give rise to a very feeble tone when compared to that which may be excited from the same string when made tense across the sounding board of a proper instrument ; the air within the sounding board giving rise to similar vibrations and consonating with, and strengthening the note given off by the string.

Now imagine a guitar instead of being made of a tough, light, elastic wood, which will vibrate in unison with every vibration of its strings and the consonating air in its bowels, made of muslin, such an instrument might be made, I suppose, providing the framework was composed of some rigid material, you can readily conceive that the air confined by such a medium as that would consonate very poorly or not at all. So the air in the trachea, and bronchial tubes will only consonate with the voice as long as their walls are similar to those of the larynx, and of the nose and mouth.

" As the bronchial tubes pass into parenchyma of the lungs their cartilaginous rings gradually disappear, their cartilaginous structure at last existing only as irregular thin plates lying in a fibrous tissue. The finer divisions of the bronchial tubes are merely thin membranous canals."

Now as it is a law of consonance that the environments of the consonating space must possess a certain degree of density, normally the sounds of the larynx consonate too feebly in the finer divisions of the bronchial tubes to be heard as such over the thorax. In brief then Skoda's theory of consonance as applied to increased vocal resonance and bronchial respiration is this : that the sounds excited in the larynx, trachea or larger bronchi when the walls of the finer bronchial tubes are surrounded by a firm dense substance and at the same time communicate freely with the outer air, as is the case in many diseased conditions of the lung tissue where it is consolidated, so increased by consonance that they excite similar vibrations to the lung, and from the lung to the walls of the chest, and are there heard as bronchial respiration or bronchophony as the case may be.

I will state here that Skoda explains many other phenomena by consonance, as for instance we have consonating rales, whisper and cough, and he accounts for bronchophony and bronchial respiration over dilated bronchi and caverns by the same law.

As you may well suppose a theory such as this, opposed to all the teachings which had before been accepted has met with much adverse criticism.

Flint is most outspoken in his condemnation of this theory. He says that Skoda's experiments have not been successful in the hands of other people, and, while admitting that the sounds of the larynx, trachea, and larger bronchial tubes, may consonate in the pulmonary bronchi, he says that the variations in pitch and intensity invalidates its usefulness in those cases which, according to Skoda, it is particularly applicable, viz; in diseased conditions.

He further remarks when speaking of bronchophony, that air contained within a certain space is capable of being thrown into vibration only with certain notes, which correspond to, or are in unison with, the fundamental note of that space; but that bronchophony is produced by speaking in various tones some of which must be at variance with the fundamental note of the space in which the consonating vibrations are supposed to take place.

Skoda answers these objections in his consideration of the criticisms of Wintrich, Walsche and others, to which last mentioned author Flint is indebted for his arguments, by saying that consonance is not to be confined within such narrow limits, and that the consonating air spaces are often changed in form, are of various dimensions, and surrounded by walls of varying degrees of solidity, and, if I interpret his meaning rightly, some sounds will consonate forcibly in certain bronchi and not in others according as they are more or less in unison with the fundamental tone of this or that bronchial tube. We often notice how some particular word or tone will strike forcibly on the ear when ausculting a chest where bronchophony is heard. He explains the different degrees of intensity by saying that a stopping up of the larger bronchi will diminish the intensity of all sounds in the net work of bronchial tubes branching off from it, and relatively

increase the intensity of the sounds in other portions of the lung where communication with the outer air is uninterrupted.

Flint denies that bronchophony is ever intermittent but acknowledges that it is sometimes absent in pneumonia. Skoda would probably say to this that he had listened when the tubes were occluded with mucous. He also says that a consonating tone is always more feeble than the original sound, and as the sound of the voice is sometimes heard more forcibly over the chest than it is over the larynx it cannot be caused by consonance.

Loomis also appears to be opposed to Skoda and in favor of the views of Lænnec.

DaCosta mentions both theories but declines to commit himself to one or the other.

Hartshorn in his Essentials of Medicine mentions both and says that of *Skoda* is to be preferred.

With the consideration of consonance I will close, and defer until some future time, the discussion of the other points of difference in the two schools, as I find the subject is so voluminous that if I were to go on to some other theory it would make too lengthy an article for an occasion like this, and occupy the time of the meeting to the exclusion of other members who may have cases to report or papers to read.

I will remark Mr. President, however, before closing, that lucky it is for the student of auscultation who may have become entangled in the mazes of these various theories, that no matter how authorities may differ as to the causes of these various phenomena, their significance in a clinical point of view remains unimpeached, and the most rabid Skodaite or fervid follower of Lænnec upon hearing bronchial respiration and bronchophony would, after associating the other physical signs and the symptoms, draw the same conclusions therefrom, and arrive at the same diagnosis.

# ON SQUINT CAUSED BY HYPEROPIA OR LONG-SIGHT.

BY J. A. WHITE, M. D., LATE PROFESSOR EYE AND EAR DISEASES, IN WASHINGTON UNIVERSITY MEDICAL COLLEGE, BALTIMORE, MD.

(*Read before the Medical and Surgical Society.*)

Strabismus or squint is a "deviation of the eyes in consequence of which the yellow spots receive simultaneously the impression of different objects."—(Donders.)

It is not a definite pathological condition; but merely a symptom dependent upon affections of varied nature, and is found in connection with other pathological signs of the same cause. Many causes give rise to squint, such as paralysis, injuries, etc., etc., which we will leave aside for the present as I wish to call your attention only to that uncomplicated internal squint, by far the most frequently met with, and due principally to a faulty shape of the eye-ball, a shortening of its antero-posterior axis, which produces what is known as long-sight or hyperopia.

I start out with granting that internal squint is due to hyperopia because I adopt with some modification the explanation of Donders, as the most tenable and most easily demonstrated, although many well known ophthalmologists differ with him.

According to Von Græfe strabismus depends on the disproportion in length of the muscles, for though there is no paralysis of external rectus, there is spasmodic contraction of the internal rectus; *i. e.* there is "no alteration of innervation, but simply a change in the muscular tension."

*Giraud-Teulon* considers convergent squint the consequence of a muscular anomaly (in fact, paresis of the abductors), on account of which, parallellism of the optic axes can be maintained only by a contest between the tendencies of the muscles and the power of fusion, diplopia or double vision frequently resulting; hyperopia being only a secondary cause and making the balance lean to the side of the pathological convergence. Schneller endorses this view.

*Alfred Græfe* calls internal squint a muscular or myopathic defect, an excess of contraction of the internal rectus which is however a *passive* contraction, or excess of tension in the muscle which is a purely physical state of the muscle, or its physical property; in fact, an alteration of structure independent of any active innervation.

This theory is untenable if we attempt to show any connection between squint and hyperopia, and all admit some connection, although they deny hyperopia to be the primary cause.

*Von Hasner* takes the same view although he is inclined to attach more importance to some defect of the "anatomical equilibrium" of the eyes, than to an *acquired* alteration of structure in the muscle.

*Donders*, attributes convergent squint to hyperopia as a *primary cause.* He proves the connection between them and the control of the former by the latter, although he does not determine the *state* of the muscles, considering their relation as explained by the connection between accommodation and convergence; he simply states the proposition, that "the modification of the muscular tension is due to an alteration of innervation."

*Hansen*, of Copenhagen, improves upon this proposition when he says that squint in connection with hyperopia consists in "an *active* shortening of the internal recti equal in both eyes and due to the increase of innervation for convergence."

Squint appeared in connection with hyperopia when the accommodation and the convergence are in such *normal* relation, that a given quantity of accommodation requires the same amount of convergence, as would be the case in an emmetropic or normal eye. Squint is absent in hyperopia when there is present the power of submitting the convergence to the control of the accommodation, or when there is no agreement between accommodation and convergence.

In the former case there will always be a latent convergence squint; in the latter there will not only be no latent convergence, but even (if the hand be placed before one eye,) there may be slight divergence. Leaving aside the demands of binocular vision we can say that the more normal a hyperopic person is, *i. e.* the

more perfect preservation of the proper relation between accommodation and convergence, the more he will squint. Here you see that a majority of hyperopic individuals do not have convergent squint; but according to Donders, a large majority of cases of convergent squint have hyperopia, either manifest or latent, and that this optical defect is the primary cause of the squint. He examined 172 cases, and found hyperopia in 133 or 77 per ct. of the whole number which included 5 cases of paralysis of abductors, the 5 complicated with cataract, 5 with inflammation and 2 with nystagmus or oscillation. These complicated cases, which should be excluded, would raise the percentage much higher, and I have no doubt a very careful investigation of the subject would prove that very few cases of simple convergent squint occur independent of hyperopia. *Manifest* hyperopia, is not by any means present in a majority of the cases, especially among young subjects for with them the optical defect is neutralized by increased accommodation; we must paralyze the accommodation and see what is the state of refraction of the eyes. Let us take a case in point.

R. A. S., Male, 8 years of age, was brought to my office, July 24th '78, with an internal squint of 2°—(two degrees). His father said his eyes had been crossed for several years, but that when the family first began to notice it, it would come and go; sometimes it would be quite marked, and again it would be entirely absent. It gradually however became of longer duration, until it was a very noticeable defect It was attributed to various causes, such as worms, looking at his nose, paralysis of abductor &c. His distant vision was $\frac{20}{20}$ with the left eye and $\frac{10}{200}$ with the right; with the right eye he read Jæger's type No. 14, at 12 inches, with the left eye Jæger's type No. 1, at 12 inches. The right eye was therefore apparently very amblyopic ex anopsia, or from psychical suppression, and squinted about 2° inwards. No glass improved his vision. My first proceeding was to paralyze the accommodation with a one per cent. solution of sulph. atropia, a drop in the eye three times a day for several days to insure complete relaxation of the ciliary muscle, in order to discover latent hyperopia if present.

When I examined him after using the atropia one week, he could hardly see at all, No. 200 becoming visible only after careful observation. With an 8 inch convex lens his vision was $\frac{20}{20}$ left, and $\frac{20}{70}$ right, and we found a latent hyperopia of $\frac{1}{8}$th where, prior to paralysis of the accommodation, none had been discovered. With this 8 inch convex lens the squint was not noticeable. I ordered a 20 inch convex lens to be worn all day constantly from the time he got up until he went to bed, meanwhile I continued the atropia until August 16th. It was then stopped and on August 27th I saw him again. The squint had partially returned, but there was a manifest hyperopia of $\frac{1}{20}$th the strength of the glass he had worn, *i. e.* more than $\frac{1}{3}$d of his *latent* hyperopia had become *manifest.* I changed his lenses to 12 inch convex, and ordered the atropia to be used occasionally, when the squint should reappear. On October 22nd I saw him again. There was no enlargement of the pupil and no paralysis of the accommodation and with his glasses on, there was no perceptible squint; when he took them off a slight cast was noticeable. His vision was $\frac{20}{20}$ left, $\frac{20}{60}$ right, showing that the retina of the right eye was again becoming useful. On January 15th, 1879 he paid me his last visit when his vision was $\frac{20}{20}$ left and $\frac{20}{40}$ right with a 10 inch convex lens. His hyperopia was almost all *manifest*, his squint had disappeared, and his perceptive power on the right retina almost normal. I ordered a 9 inch convex to be worn constantly and have not seen him since.

In this case, there can be no doubt as to the cause of the squint, for the correction of the optical defect restored the parallelism of the eyes, without being obliged to have recourse to operation with its attending disadvantages.

But you will ask how hyperopia can produce internal squint? Even in looking at a distance a long-sighted person requires the aid of his accommodation to form objects on his retina. When looking at near objects he must add to this effort, the same additional effort which all emmetropes are obliged to make for near vision; and therefore he must make double effort as it were to see distinctly. Now an extra effort of accommodation requires an increased amount of convergence, because the more one con-

verges the more he can bring into play his power of accommodation. On account of the necessity of this increased convergence, each effort to see distinctly threatens to double the object looked at, or to cause diplopia. Here then we have the dilemma of choosing between indistinct binocular vision, and distinct monocular vision with a squint. Squinting with distinct vision, is the result in those cases where the accommodation and convergence are in normal relation; indistinct vision, without squint, in those where the convergence is under the control of the accommodation or where there is no relation (agreement) between them. By squinting, the former cases throw the image in the deviating eye upon the periphery of the retina, where perception is not so delicate; they are thus enabled to ignore the false image entirely and see distinctly with the non deviating eye, without the confusion that would arise from diplopia. The latter class of cases learn to get an idea of objects from very contused images and never, until their hyperopia is corrected, know what distinct vision means. I have seen many of them Let me exemplify the above remarks by a reference to the case in point.

We have a hyperopia of one-eighth. When he looks at a distance (infinite) he makes use of one-eighth of his accommodation to see the objects fixed, and of necessity requires the normal complement of convergence, viz: the amount of convergence necessary for an object at 8 inches. For binocular vision he should re-establish parallelism of the optic axes, but on account of this necessary convergence he cannot do so. Let us represent the angle of this convergence by x°. Now it is known that the eye he uses for fixation preserves its fixed position, whilst the squinting eye turns inwards a distance equal to x° the angle of convergence. If, however, there exists a certain property in this connection between accommodation and convergence by which the increase of the latter causes sufficient accommodation to allow the eye which retains its position to see distinctly, then this eye, which fixes, notwithstanding its intact position, ought to receive the same nervous impulse, the same amount of innervation for convergence as the squinting eye.

*Hering* explains what happens when the object looked at

approaches the eye a little without changing the visual axis of either eye.

The permanence of an eye in its position should be considered as resulting from a *double innervation*: first, an innervation for convergence capable of causing an adduction equal to one half the angle x°; second, an innervation against, or contrary to, this adduction capable of making the eye retrograde over the same course towards its starting point.

This abducting innervation would cause in the associated movements of both eyes, a consecutive adduction equal also to half the angle x° in the other eye which is already convergent in a degree equal to one half the angle x°, and thus an adduction is there produced equal to the whole angle x°. We ought therefore to consider as demonstrated that in squint "the innervation for convergence is of equal power in both eyes, in the squinting eye as well as in that which *fixes*, whilst the adduction in the first depends, partly on the innervation for convergence, and partly also on the *associated* innervation, which acting together cause the lateral movement." This is, probably, the best explanation of how hyperopia produces squint which is dependent *immediately* upon an active shortening or contraction of the internal recti due to increased innervation for convergence, and *mediately* dependent upon the error of refraction or the hyperopia.

*Donders* says that the squint generally begins to appear about 5 or 6 years of age, and from that up to 18 years, according to the use made of the eyes. At first the squint is only apparent at times or when the eyes are used for near vision, but it gradually becomes more marked until it is a permanent defect from active contraction of the muscle. You may say that, if it is dependent upon the accommodative act, it should disappear when the accommodation is relaxed; so it would, if the accommodation ever were relaxed in hyperopia which it is not. If we relax it artificially by atropine we find the squint disappears for distant vision, even when the squint has seemed confirmed for some years, as in the above case. Its continuance, however, for a long time causes not only an active contraction amounting to spasm in the internal recti which prevents a return to parallelism when accommodation

is relaxed, but also causes defective vision in the squinting eye from pschysical suppression on account of which the eye no longer *fixes*, and is unable to preserve a parallelism even after operation. Therefore the earlier we begin to treat a case of squint from hyperopia the better chance of a good result. Where the vision is still good, where the power of fixation is perfect we may often look for a successful termination to the treatment by atropine and glasses, even when the squint has seemed "confirmed" for some time. Frequently this treatment is very annoying on account of the absolute necessity of keeping the accommodation thoroughly paralyzed for a long time, and many patients will not submit to it, preferring tenotomy as a quicker and surer method, although *even then* the glasses must be worn. We paralyze the accommodation and relax the spasm of the ciliary muscle completely, and by easy stages, or by gradually increasing the strength of the lenses, make *manifest* all the hyperopia which was *latent*. When the patient can wear with ease and comfort his proper glass, correcting his total hyperopia, squint will in many cases have disappeared. It seems natural to suppose that where each eye still retains the power of fixation, the squint would disappear when the error of refraction has been corrected, and the eyes restored to an emmetropic condition, for a hypermetropic eye plus the glass correcting the defect, is in the same optical state, as an emmetropic or normal eye.

I have nothing to base my opinion upon, except the good result I have obtained in three cases *only*, of which I have reported one above.

In one there was a squint af 2° existing for two or three years; in another of 2° existing for one year; and in a third of 1½° also of two years standing. In all three the power of fixation of the squinting eye was still good, though the eye was slightly amblyopic. At present I have two other cases under similar treatment, two sisters, one 10 years of age, the other 14 years,—the former with a squint of 1° confirmed about eighteen months, the latter with 2½° confirmed about five years. The hyperopia in the former is $\frac{1}{12}$, in the latter $\frac{1}{8}$. They have been under treatmeet but a few weeks and I have not yet established parallelism,

though I hope to do so by the correction of the optical defect.

Heretofore I have operated on all cases of squint and corrected the optical defect afterwards with almost invariable good results; but if, even in a small number of cases only, we can avoid operation, it should be done. Of course a great number of squinting eyes have entirely or almost entirely lost the power of fixation, and become so amblyopic that no good result would come from endeavoring to follow this mode of treatment, and operation in such cases is imperative.

## THE TREATMENT OF BOW-LEGS.

BY V. P. GIBNEY, A. M., M. D., OF THE HOSPITAL FOR THE RUPTURED AND CRIPPLED, NEW YORK.

Genu-varum, or more familiarly bow-legs, is a deformity of such frequent occurrence in all large cities that the general practitioner finds himself often confronted with the question "What shall I do with these crooked legs?" An experience extending over many years enables me to speak with some degree of confidence relative to this question. Most works on orthopedic surgery contain a brief reference to the management of rachitic deformities and a wood cut or two with the name of the instrument maker attached thereto serve to give a general idea as to how the apparatus is to be applied when obtained. I know that it is the opinion of many physicians and surgeons of large practice that nature herself will right bow-legs in time and the advice is given to wait, and the parents do wait until ossification is complete and a cure by mechanical appliances is impossible. None have a better opportunity of witnessing the results of this indiscriminate advice than we who are on service at the Hospital for the Ruptured and Crippled. Scarcely a day passes without the presentation of some three or four year old child with curved tibiæ and fibulæ, so unyielding to manual force that aught save surgical interference is simply out of the question. When the parents are asked, why they delayed so long in seeking mechanical

relief, they invariably say, "My doctor (either family or dispensary) told me the child would grow out of this;" sometimes they say that another child in the family was at one time much worse than this one and it grew straight. Just what kind of bow-legs right themselves has been for a long time a puzzling question to me. Those cases wherein the deformity depends on relaxation of ligaments at the knee, and not on curving of the bones of the leg are such, in my opinion, as make a spontaneous recovery. I propose not to enter into the etiology or pathology of rickets.

This disease is fully discussed in all text books and the whole subject must be familiar to every one. Directions, too are given as to management of a case in order that deformities may not result. Despite all these directions however, the bones do curve and curve even before the child is placed on its feet.

Unequal muscular action has often much to do in the production of bow-legs. Mothers and attendants do not obey injunctions, and if the child be *precocious*, which is but another name for rachitic, it must learn to walk soon.

As prophylactic then in the treatment of bow-legs we should early recognize *malnutrition* in infants. This being fully realized, diet and hygiene must lie at the base of all therapeutics. The digestive organs are to be attended to with scrupulous care. Babies can be dyspeptic just as well as adults, and rickets above all other diseases depends on indigestion and consequent malnutrition.

The uneasy sleep, the capricious appetite, the irregularity of the bowels, (at one time diarrhœa, at another time constipation) the appearance of the abdomen, the tympanites—all fully confirm the truth of the above remark. So that I always treat the rachitic child just as I would any other dyspeptic and our hospital records furnish abundant testimony of the value of this precaution. There are two articles of diet that should be freely used, viz: meat and milk. Of course one's judgement would dictate regularity in eating as a *sine qua non* in the management of the rachitic. The parents should be enjoined not to permit any precocity in standing or walking. The dangers attending a

violation of this injunction should be placed before them in full detail.

The positive orders of the family physician, solemnly given, have immeasurable influence over the parent. I am fully aware that many families never indulge the luxury of a family physician and to such my remarks are not indirectly addressed; yet the dispensary physicians both in the attending and visiting departments, come in daily contact with such families, and advice from them may not always be as seed sown upon barren ground. When the deformity does become apparent and while the child is yet young and the bones yield to slight force, the mother should herself be taught the use of her thumb. It is not sufficient to tell her how to spring the limb daily, but she must be shown by the physician himself, and by way of encouragement let the limbs be placed on a sheet of paper, the feet be brought together at the heels and the knees approximated as nearly as is possible without flexion. This being done let a pencil mark be traced along the inner side of the limbs thus lying on the paper, and the exact amount of deformity can be recorded.

This can be repeated on the same sheet of paper, week after week and the amount of improvement can be estimated. This little expedient I have found of immense value in keeping up the interest in the case. It is astonishing what an interest can thus be awakened in the father who will always find time to do the measuring, while the mother is thus rendered fully alive as to what is expected of her. This mode of springing the limb is as follows: grasp with one hand the lower third of the leg, the ankle being included so that the four fingers shall hug the inner side, and the extended thumb shall rest along the convexity in the long axis of the limb; place the other hand in like manner at the upper third; then with a purchase thus secured any amount of force can be exerted, and just as much should be exerted as the child will bear. This process should be continued for ten minutes and repeated three or four times a day.

No fear need be entertained of doing injury. Many cases can be cured in this manner; yet we do not always get patients whose bones are thus easily bended. There are some who recommend

forcible straightening under an anæsthetic, and Howard Marsh in an article in St. Bartholomews Hospital Reports for 1870, p. 124, advocates this method even to the fracturing of the limb, straight splints being applied immediately after the operation.

Mechanical appliances are employed instead of this operative procedure at the hospital with which I am connected and are very simple of construction, and the steel work can be done by any blacksmith.

A heel cup and foot plate are made of sheet steel about 17 guage ; the foot must rest easily in this and the heel is secured by means of an instep strap. This portion of the apparatus *i. e.* the heel cup and plate is covered with soft leather, the parts opposite salient points of foot being well padded. To this are attached two springs of the best steel (gauge ½ x 12 or 16) one on either side of leg and connected above by a band which half encircles the leg at its upper fourth. This band is to secure fixation and is usually about five inches in length and one-half inch in width. The vertical spring on the innerside extends from the malleolus to the internal condyle opposite which latter a pad is attached, while the other end is movable on the heel cup in a free joint, the outer spring extends only from the malleolus to the band below the knee. To this inner spring a band of heavy muslin or lined kid is fastened and is made so as to encircle the limb, passing on the inner side of the outer spring, between it and the convexity of the leg ; it laces in front and we thus have the pressure brought to bear on the convexity of the limb, while the counter pressure is along the inner spring. This apparatus is represented by a wood cut in Dr. Knight's work, Orthopædia p. 109, and possesses the advantages of those figured in the catalogues of well-known surgical instrument makers, in that it is easily manufactured by any smith and can be worn night and day.

Such as are manufactured by instrument makers are attached to the shoe and are not worn at night. The great object in wearing apparatus at all lies in the necessity for keeping up continuous pressure or springing. And while on this subject of pressure I wish to affirm that the popular objection urged against all appar-

atus, viz: that it produces atrophy of the muscles and interferes with the nutrition of the limb,—is purely hypothetical and I call upon those who make such objections to produce their facts. I have measured carefully and have tested with the faradic current the muscles of limbs encased in apparatus during periods varying between six months and eighteen months, and have failed most signally to find such disastrous results as are predicted. In fact I found the muscles responding well to a feeble faradic current, and only an insignificant amount of atrophy. Furthermore I have examined those children later in life and have found no ill effects even ultimately following the use of apparatus. True, I can see how the pressure can be abused but we may rest well assured that no mother will allow such to remain any length of time. In the out door department of the hospital with nearly four hundred cases a year, the gravest lesion we have yet had to encounter is an excoriation occasionally produced at the inner condyle and over the malleoli. Yet with any kind of precaution this is obviated and easily relieved when found. Children during the first week complain but after that they wear the springs with comfort and many dislike to have them off a few days for repairs.

So that, while I am unwilling to go on record as an enthusiastic advocate for apparatus in the treatment of bow-legs, I do wish to enter my protest against the hypothetical objections urged by men who have had no personal experience, but have referred their cases to some incompetent instrument maker and left the same in his hands with unsatisfactory results. I am urging the use of simple appliances supervised and applied even by the surgeon himself for such cases as do not readily yield to his own or the mother's thumb. My friend, Dr. John J. Reid of this city has had an unusually large number of these deformities to treat at the New York Foundling Asylum, and he has devised an exceedingly simple appliance which, by his courtesy, I am enabled to describe in this paper. He uses only a single spring which is attached to the sole of the shoe after the usual manner, and extends from the malleolus to the inner condyle at each of which extremities the usual pad is placed, the free joint of course being opposite the tibio-tarsal joint. Three or four holes for screws are made in

this spring to which by this means is attached a broad leather band fastened by a strip of brass with hooks along the anterior border ; corresponding hooks are fastened near the other extremity of this leather band which is to encircle the leg. Rings then of india rubber of different sizes according to the pressure at different points desired pass from hook to hook, and thus we have a continuous elastic pressure. The whole is easy of construction and costs but a trifle. He proposes to publish the results of his treatment at an early date and fully describe the apparatus.

*At what age is mechanical treatment inoperative?*

We have rarely succeeded in straightening limbs in children over three years of age. *Occasionally* the bones yield some on pressure, the children are delicate and we succeed in reducing the deformity when four years of age ; yet these cases are eminently exceptional.

As a rule, if the child be over 2½ years of age we do not apply springs unless for a few months as an experiment at the parents expense. *What then is to be done?* Osteotomy or osteoclasis.

In the English journals during the past few years many cases have been reported and all so far as I have been able to learn have been successful. In Dr. Louis Bauer's work on Orthopœdic Surgery, edition of 1868, p. 222, it is reported that Prof. Linhardt in America operated with fatal result. The details are not given however, and I have been unable to verify the report by reference to any other publication. My friend Dr. C. T. Poore of this city, has operated sixteen times with most excellent results. I have seen most of his cases and they are certainly very creditable.

He has published a report of three cases with details as to the operation in the *Medical Record* for September, 1878. Dr. Poore prefers the chisel to the Adam's saw, which is most generally employed in England. With proper antiseptic precautions the dangers attending the operation are reduced to a minimum. The operations, in detail; I quote from Dr. Poore's article, "A longitudinal incision three-quarters of an inch long is made over the crest of the tibia down to the bone at the point of greatest curvature. If a saw is to be used a subcutaneous cut is made through this incision, and at right angles to it over the inner

surface of the tibia dividing the periosteum, and a narrow saw is passed down upon the knife as a guide, and the bone partially divided, and then fractured. When the chisel is used it is applied across the long axis of the bone and driven directly in until fracture takes place. Care should be taken not to allow the edge of the chisel to extend over the outer edge of the bone, for fear of wounding the anterior tibial artery, which is much nearer to the tibia than in the normal condition; by neglecting this precaution, I wounded that vessel in my first operation. The fibula should be cut down upon and divided."

We thus have now the means of redress for bow-legs irrespective of age, so that the physician or surgeon may never feel called upon to say, "My dear sir (or madam) you have come too late." To recapitulate; 1. Constitutional measures and delays in attempts at standing or walking make up the principal factors in prophylaxis.

2. The mother's thumb and forcible straightening with or without an anæsthetic constitute the methods to be employed, while the bones yet possess the quality of springiness.

3. Mechanical appliances are to meet the indications for continuous pressure, elastic or non elastic in such cases where the mother's thumb or springing is in-operative or may be used in combination with the springing.

4. Osteotomy and osteoclasis for such cases as have passed the fourth or fifth year.

## CORRESPONDENCE.

### MEMPHIS SANITARY AFFAIRS.

MEMPHIS, TENN., March 29th, 1879.

*Messrs. Editors:*

With the repeal of the municipal charter of Memphis, by the Legislature of Tennessee, the entire city government was legislated out of office. A new government, directly responsible to the governor of the state, was provided for, and duly elected and

commissioned. A very important part of this new government is the board of health. This board is composed of two physicians, who are respectively president and secretary, the president of the legislative council, (ex-officio), the chief of police, and the health officer. As common-sense and energy appear to be prominent attributes of the various members of the board, efficient work may be expected of them. Although only organized a few weeks ago the board has gone actively to work to put the city in good sanitary condition. The streets are being cleaned, and the piles of garbage which stunk in the nostrils of all good citizens a week or two ago, have disappeared, and Memphis is to-day, relatively speaking, *clean*. Of course, mud-holes and dirt heaps are still seen here and there, but the improvement over what it was a month ago is enormous. The health board has passed a set of regulations concerning the cleaning of cellars, vaults, yards, and streets, and the removal of ashes and kitchen offal, which, if rigidly and continuously enforced, will do much to prevent the recurrence of such a condition of things as has existed heretofore, and partially described in my letter of last month.

Specifications for the repaving of the ill-conditioned streets with stone instead of the Nicholson block, have been prepared by the district engineer, and it is hoped that this much-needed work will soon be begun.

A large number of people here and throughout the lower Mississippi Valley are clamoring loudly for the organization of a national quarantine system, such as that proposed in the defeated Senate bill of the last Congress. Undoubtedly, to be quarantined for by the general goverment, at the common expense, is a very good thing, but to be quarantined *against*, is a very different matter, as the citizens of Memphis and Vicksburg and some other places would find out to their sorrow. The exclusive importation of yellow fever is not yet sufficiently well proven to justify the adoption of the measures contemplated in the defeated senate bill which has excited so much ill-tempered discussion.

In the mortuary report for last week was one death from "Typho-malarial Fever." This may prove suggestive to some of the Baltimore physicians who practised on Fell's Point in the Fall of 1876.

The mercury in the thermometer indicates the rapid advance of Spring. The temperature on yesterday reached 85°.

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Orangeville, Baltimore Co. Md.

Editors of Maryland Medical Journal:

*Gentlemen*:

I desire to report in your Journal the following interesting case which recently passed under my observation. M. P., a colored woman, aged 30 applied to me to examine and treat her throat, which, she stated, gave her great pain in deglutition and much soreness when at rest. Upon an examination I found the right tonsil considerably enlarged and inflamed. In the center of the gland could be seen a whitish body, which stood out in striking contrast with the red and inflamed tissue surrounding it. This whitish body was almost entirely inclosed in the substance of the tonsil, a small portion only visible where it extended through. It was immovable when first examined, but upon the application of caustic to the tissues surrounding the body it could be made to revolve in its socket. I succeeded in removing it with much difficulty. When removed this body presented a rough nodulated appearance and resembled a vesical calculus. It was about the size of a cherry and weighed 20 grains. It is not uncommon to find small cheesy cretaceous masses upon the surface of the throat, which become dislodged in the act of coughing and hawking. These small bodies are often found filling the cript of glands. They are composed of carbonate of lime and animal matters and by the slow process of accretion these masses may attain the size of a millet grain and cause much irritation.

This specimen was of such interest from its large size that I took it to one of my late teachers, Prof. J. J. Chisolm, for examinatioh, who informed me that so large a deposit is of very rare occurrence.

Very Respectfully,

R. M. Norris, M. D.

# CLINICAL LECTURES.

## SYPHILIS.

### (THE FIRST OF A SERIES OF LECTURES DELIVERED BEFORE THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.)

BY T. R. BROWN, M. D., LATE PROFESSOR OF CLINICAL AND OPERATIVE SURGERY, AND DISEASES OF THE GENITO-URINARY ORGANS, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE, MD.

I have chosen, in accordance with an intention declared at our last anniversary, as the subject of a series of lectures for this society that of Syphilis. I have done this not without an appreciation of the labor such an undertaking involves, nor without some misgiving as to its propriety or fate. The subject is one of enormous importance and quite generally, *ex necessitate*, studied, but methinks that in this age of progress, which our own profession has shared, it is almost too much to expect of the average man that he should master the details and refinements of every branch of medicine. The field is a very large one but it is a comfortable reflection for us to know that whilst we labor for proficiency and skill in one department we still can retain the privilege of hearing what the laborers in other of our vineyards are doing. In fact the very essence of a modernly constructed medical society would seem to consist not only in its offering facilities for free interchange upon familiar questions but also for enlightenment. If in assuming this I may appear pedantic or render myself liable to the charge of egotism, I can only answer that the intention is good. At the outset it must be stated that as a matter of course much will be offered that is already known, but we all would be forced to admit that without them the disquisition would be incomplete.

The word "syphilis," is a generic term, intended to apply to a certain chronic, infectious disease which "consists essentially, in an intoxication proceeding from a local infection and gradually pervading the entire organism, manifesting itself in all the various tissues of the

body under the form of an inflammatory process of greater or less intensity, which to a certain extent pursues a course peculiar to itself" (Baümler), is of ancient, hence doubtful origin. All of the various theories need not be cited. The most generally accepted opinion is that the word was first introduced by a Veronese physician. Hieronymous Frascatorius in a latin poem wherein he relates how a certain shepherd of King Alkithous named Syphilus was punished with the disease by Apollo, for having worshipped the king instead of the God. This poem was written in 1521, and as Baümler notes that while Frascatorius gives no etymology, Fallopia writes "*Hic* (referring to F.) *vocavit syphila mortum istum quia ex amore . . ut plurimum suboritur.*" This would seem to prove that at some prior period the word had a certain etymological significance and that the association of the poem with the myth and its hero bespeaks fancy rather than fact. Sauvage, who lived and wrote at a time which I cannot state, it is claimed first added the word to our nosology and it is derived from the Greek words *sus* a hog or swine and *philos* dear or loving. The words "*Lues venerea*" which more clearly indicates some connection between the disease and its origin was not used until the year 1566. As just stated the tendency is towards accepting the first theory, but if it could be proved that Sauvage's writings antedated those of the Veronese physician it would not only strip the claim of the latter, but would be more in accordance with the usual origin of our technical words, whose purpose it is to condense some salient point or points of a given medical idea.

*History.*—Despite the diligent researches that have been made by many as to the date of the earliest appearance of syphilis, there continues great contrariety of opinions, and the most of us believe that it is still involved in great obscurity. It certainly "is not yet finished."

The English call it the "French disease," the French call it the "Mal de Naples," the Italians not relishing the odious distinction turn it over to Spain, and the Spaniards not to be outdone generally assign it to America.

Certain writers, notably Cazenave, believe that they have fully established the antiquity of the disease and its prevalence among the inhabitants of China more than 2,000 years before the advent. Others are able to discover in the accounts given of the lepra in Leviticus a close correspondence in its main features with syphilis. There is besides a very respectable group who interpret the language of Job and David as strikingly suggestive and answering well to some of the

cases encountered in modern practice. For example when Job says, "my flesh is covered with putrid sores; my loins are pierced with pains in the night season, and my sinews take no rest;" and again where David speaks "There is no soundness in my flesh, because of thine anger; there is no rest for my bones on account of my transgressions; my sores stink and are corrupt because of my folly. For my loins are filled with a loathsome disease, so that there is no soundness in my flesh." However strong all this may be as warranting a suspicion of the early existence of syphilis, it is quite curious that its general recognition and description should have been postponed until near the close of the 15th century. It is perfectly evident, judging from he numerous writings which appeared at the beginning of the 16th century that the authors were satisfied that they had a new and up to this time an entirely unknown disease to manage. Considering the highly superstitious state of the people at this time it is not wonderful that they should have invoked some mysterious agency to explain the "invasion." The "ominous constellation" was first accounted as the author, and then no doubt as the most charitable way of protecting the monks and nuns amongst whom the disease prevailed, from an unhallowed suspicion, it became necessary to blame the atmosphere, it having been alleged that the year 1494 was an exceedingly wet year when many places, especially Rome and its surroundings were under water. It was during this year, according to de Vigo, that the disease broke out amongst the soldiers of the army of Charles viii, who was besieging Naples, to which he claimed an hereditary ownership. This siege lasted a very short time, probably not more than six weeks but long enough to have allowed very free and excessive sexual relations between the troops and the women of the place. Whatever may be our theory as to many collateral facts there can be little doubt, I think, that a disease which infected the entire system became fearfully prevalent amongst the men and women who were directly or indirectly concerned in this encampment. The latter as I have said was very short. It is highly probable that the siege was raised before the 1st of April 1495, for, as historians state, this same army fought the battle of Tornova, July 6, 1495 on its return from Naples. Now suppose that we admit the facts offered by advocates of this theory as to the origination of the disease at Naples, how can we reconcile those facts with the dates and movements of Charles' army. I believe it to be impossible. Bumstead narrates it correctly, I believe, in saying that it left Rome on its way to Naples, January 28, 1495, and reached the

latter city February 21, 1495. Alongside of these statements I place two very significant points that weigh largely against the theory of a *Neapolitan origin*. One is the statement of John de Vigo, that this disease had broken out to an alarming extent among the soldiers of this same army in the month of December, 1494, in fact shortly after the army left France. Counting the usual period of incubation of syphilis and the grave symptoms denoting considerable progress evidently observed by this author at the latter date, it is more than likely that the seeds of the disease must have been planted at least one month before. The second point to which I refer, is pretty generally quoted by reason of its bearing upon the question, is the decree of Maximilian issued in August 1495 against blasphemies. Only a part of this need be produced to prove that not only had the disease reached Germany at that period, but in addition to all as showing something of the drift of opinion at that time it was denominated the French disease, to wit: "*præsertim novus ille et gravissimus hominum morbus nostris diebus exortus, quem vulgo malum Franciscum vocant*," etc., etc. From these bits of evidence it would seem scarcely possible that even admitting that the disease did begin at Naples, it could not have travelled so far and have spread so widely and rapidly in that short space of time. The inter-communications between the different nations, in the absence of rail roads must have been at considerable intervals and except under the stimulus of war, enjoyed by only a few. Any assumption which takes no account of these important items must be very defective.

Many observers, thoroughly dissatisfied with the proof as to an European origin—French or Italian, soon began to connect its presence among the people of the old world with the discovery of the new. It appears that Columbus arrived at Barcelona the middle of April 1493, but not until after he had visited and remained for more than a week at Lisbon. It is also stated that he was detained by heavy gales off the Western Islands. One of his vessels had touched at Galicia, before joining the discoverer at Palos, according to a distinguished syphilologist. Now it is a known fact that a great many cases of the disease were found at Barcelona, somewhere about the middle of the year 1494, whilst at none of the intermediate joints visited by the vessels of Columbus, excepting possibly at Seville, is there any report as to the existence of syphilis. A striking point just here may be noticed: that whilst the people of Barcelona believed that it had been introduced into that city by the crew of Columbus, still one Scyllatius

wrote from that place that it had come from France, and seems to have entertained no sympathy with the belief as to its importation from Hispaniola, or as we now know it Hayti. Some years later a certain Oviedo was sent by the Spanish government to inspect the mines of the latter place, and in addition to his other discoveries found that this disease prevailed amongst the natives which went far towards justifying the term of the "Serampion de las Indias." The fact of its prevalence in the West Indies, tho' by some writers it is urged that no such statement occurs in Oviedo's original genuine works, seems to have gone unchallenged and rather accepted. To explain its presence there a Spanish priest, who had spent some time in Italy, was able to state from his own "sad personal experience" that the disease was in Italy in 1488, and that instead of Columbus' crew getting it from the inhabitants, either of the Islands or of this country, that the reverse was the case that Columbus' crew were the means of introducing it to them. Besides if there be any value to be attached to terms, it is certain that the "morbus gallicus"—words used to convey what our modern word syphilis does, was in use years before either Columbus essayed to cross the Atlantic, or the army of Charles besieged the city Naples. As a matter of fact we cannot resist the conclusion that the bishop of Posen died with the complaint in the year 1382. The narrative states that he suffered from ulcers on the genitals, which were followed by sores on the tongue and throat, which caused dysphagia, and by running sores on the side. The record of these isolated cases goes far to prove that this disease must have been well known during this time, may not have been recognized as either a venereal or infectious disease by those who undertook its management. And even if its source had been appreciated it is more than likely that the promptings of policy and perhaps protection from self crimination made it wise for the physicians of that day—who combined the medical and clerical profession—to be silent.

Bearing upon the question of the derivation of this disease from the aborigines in this country, and which are considered by some as an incontestable proof as to the correctness of the claim, are the recent researches of Prof. Joseph Jones, of New Orleans. This distinguished gentleman has been making an extensive examination of some of the stone graves in Kentucky, Tennessee and Louisiana, in which many of the early Indians were buried; at a time, agreed upon archæologists, to have been long before the visit of Columbus. I have not had the pleasure of reading Prof. Jones' work in extenso and

can only reproduce such extracts as have been seen by me. They refer, as will be observed, entirely to an account of the osseous remains. "So far," "he says," from these evidences of the action of syphilis being mere traces of periostitis, and constituting mere roughness or hyperostoses along the tibial shafts, bones are in many instances thoroughly diseased, enlarged and thickened, with the medullary cavity completely obliterated by the effects of inflammatory action, and with the surfaces eroded in many places. These erosions resemble, in many respects, those caused by syphilis and attended by ulceration of the skin and soft parts during life. "Furthermore," he goes on to say, "the disease was not confined to the tibial shafts; bones of the cranium, the fibula, the ulna, radius, clavicle, sternum, and bones of the face exhibited unmistakable traces of periostitis, ostitis, endostitis, caries, sclerosis, and exostosis. The medullary membrane was evidently involved in many cases to an equal degree with the periosteum: the difference in the appearance of the products of the syphilitic disease, being due most probably, to the great quantity of fat and other loose tissues among which the vessels of the medullary membrane run. When thin sections of these bones were carefully examined with the naked eye, and by the aid of magnifying glasses portions were found resembling cancellous tissue, from the enlargement and irregular erosion of the haversian canals and increase in the number and size of the lacunæ; whilst other portions presented the hardened condition known as sclerosis." He continues, "I observed in these bones, and especially in those of the cranium, the various forms of ulceration which have been described by pathologists as characteristic of the action of syphilis, viz: rounded ulcerations with glazed surfaces and marked hardening and eburnification of the bone beneath; tuberculated ulcerations, dependent not only upon periosteal deposit beneath, but upon chronic inflammation of the compact tissue itself; reticulated ulcerations, in which a network of periosteal deposit had formed, and which had been perforated by the ulcers subsequently forming and assuming the annular type. That these diseases of the bones were not due to mechanical injury or to exposure to cold is evident from the fact that they were almost universally symmetrical in their manifestations." The above, tho' as stated it is merely an extract, most probably contains the gist of Prof. Jones' inquiries and, with the exception of the last clause which refers to, what in our experience now-a-days is an unusual occurrence, the symmetry of the bone lesions, can only be explained upon the theory of syphilis."

To many of you doubtless as to myself, it has occurred to be sceptical as to the soundness of any opinion being founded upon these data when we have to consider the change which we would expect to be wrought by such a long lapse of time. This can be met by a reference to the care with which the mounds were constructed with a view to as complete a preservation as possible of the Indian dead, especially if they held high position among their races. As an additional factor, towards overcoming our incredulity, we can here with great propriety invoke the integrity and competency of the investigator himself which certainly go without contradiction in this country. He is a man of extensive culture and imbued with the thoroughly scientific spirit. To my mind the showing is convincing and the conclusion irresistible that whatever else may be found out syphilis prevailed among the first people who inhabited this continent. As suggested by the editor who reviewed Prof. Jones' work, it would be interesting if facilities were offered for the careful examination of the bones in the "catacombs, sarcophagi and ancient tombs" of Europe. For my own part I feel convinced that such an exploration would yield results just as striking as those presented with regard to our own country. Let us hope that that work will soon be done and that the observations will be made known.

One feature which no doubt has largely contributed to the uncertainty as to the age of this disease was the confusion which existed, up to a comparatively recent period, as to the correct significance of the term and also the grouping of several distinct diseases in the same class. We all know how vehemently even so great a man as Hunter, as late as 1787, defended the identity of gonorrhœa and syphilis. Whether for the purpose of having a case constantly on hand for observation as claimed by some, whether as a mere matter of accidents, or whether for the sake of an experimentum crucis as urged by the most of his biographers, I think we cannot tell, but the fact remains that he did inoculate himself with the virus of gonorrhœa and there resulted ulcers followed after some months by sore throat and a copper colored syphilide. It is not difficult to understand how so mighty a man as John Hunter was able to use his experience and influence towards perpetuating a great error which consisted in his failure to take account of the probable existence of an urethral chancre in the case from which he inoculated himself or possibly a simple gonorrhœa produced by a person already syphilized. It was not until about fifty years ago that Ricord was able to correct this mistake of

Hunter's, by making many hundred skin inoculations of the gonorrhœal secretion without producing a chancre or constitutional syphilis in a single instance. This was in confirmation of what Balfour had observed in 1767. From all the circumstances presented, after separation of the wheat from the chaff, it seems that the burden of proof rests with all those who claim that syphilis did not appear until the end of the 15th century. It cannot be questioned that there certainly was more attention and study given to the disease at this time than before, and very probably there was much more of the disease met with than at any time previous. It was about this time that the population of Europe was in a stir and a widespread restlessness was noted.

It is strictly true that the "previous centuries by means of the crusades and the peculiar pilgrimages of the 14th century had already set the people in motion and established more intimate relations between the different nations," but that these offered conditions favorable to the *creation* of a new disease, any more than somewhat similar movements in the east, before or since I cannot accept.

It occurs to me that in the attempt to settle definitely upon some particular spot or locality as the starting point of this scourge we have held too strictly to the theory of a special single creation or of some morbid essence which has fathered all the cases of a similar disease which have followed. By this method of reasoning we find ourselves compelled not only to trace the connection in every given case but to entirely abrogate any possibility of its origination to day as well as one hundred, or one thousand years ago. All that seems to be necessary is that the surroundings shall be favorable. Hence I contend, and my offer seems to sustain the position that go back to whenever and wherever men and women lived licentiously to the remotest period of the existence of our race you will be more or less constantly confronted with the traces of syphilis. It either actually dwells with the particular age, we may be studying or by careful inspection we may be able to detect the footprints of the vicious traveller as he went before.

Is it not true moreover that the more we study the life history, if I may so speak, of diseases, especially the zymotic, the more we become impressed with the individuality of each and with something akin to being. We not only can describe it in its full grown and matured state as characteristic, but it will very probably come about that there is a characteristic beginning as well a characteristic development. We

may be able to connect even more largely than at present, certain states of society, certain vicious surroundings, certain conditions of climate, certain neglects of hygiene and the laws of health with a certain disease equally certain to follow. In the face of our every day experience I submit is it not true that we are resisting fact in our attempts to establish communication in every case of contagious or infectious disease? Are we warranted in the light of that experience, matured and guarded in asserting that generations *de novo* do not occur to-day as well, tho' of course in our improved ways of living not near so often as they did in the ages gone by. I do not mean by this for one moment to ignore the easier diffusion of a contagium vivum already embarked on its mission of suffering, deformity and death, and its use as the readiest explanation of what we generally have to deal with, but the history of many an epidemic repeats my claim as to its frequent origination without any assignable cause and without the merest thread of a suspicion of its having started from a like disease. If all this be so we need not be busy with contention over the slungs, brothels, and filth of a Paris, a Rome, a Naples of the 13th, 14th or 15th, centuries, but can find enough and more than enough of the same as disease makers in those and our own cities in the nineteenth century. While therefore *in quest* of the origin of this and other diseases we hunt the records and archives of pristine man, let us not forget or be blind to the fact that there is a skeleton in our own closets.

The initial or primary lesions of syphilis include those which in their totality, constitute the "first stage" and whether the inoculation be induced by contact with some "local lesion," generating the poison, or by the virus being carried under the skin with a lancet, they possess the same general characteristics and run the same course as a rule.—They are held to be the products of certain specific definite bodies or germs which make up the syphilitic virus which, Hutchinson claims to be as distinctive as the clover and the mustard seeds in their individuality, although the microphytic or cryptogamic character has not been demonstrated. I am not disposed to venture upon this latter point of the relations of the germ question to syphilis, nor do I think that such a course would be profitable in this connection even if I were so disposed. I may be permitted however, to make the offer in passing that "independent vitality and a capability" of growth, and of enormously prolific multiplication, when once implanted in a suitable soil" do not, of necessity, argue conditions only to be fulfilled by the

so called germs, as I know them. This of course does not compel me to forego the specificity of the disease, for that is a question answered by the facts of known results and not dependent upon inference of cause.

The history and course of these characteristics or lesions above referred to are generally the appearance at the point of inoculation of some slight and passing irritation within a few days of the exposure, followed in the course of from 10 to 70 days, known as the "interval of apparent rest," by the re-appearance of irritation at the spot first attacked, and the occurrence of the *induration* or *sclerosis* to which so much importance is attached by all authorities. Almost simultaneously with the appearance of this induration occurs the enlargement, painless and non suppurating as a rule, of the lymphatic glands lying in direct communication with the sore place. In what I have to say reference will chiefly be made to the indurated sore, its attributes, its value *per se*, the difficulties presented by too great an emphasis upon the distinctiveness of the induration, *et cretera*, with only a slight notice of the other conditions associated with it.

The true infecting chancre presents as the most valuable diagnostic signs; its incubation, its singleness except where more than one spot has been inoculated with the virus at one time, its induration, its accompanying chronic adenitis—involving many glands, the indolent buboes,—the scantiness of its secretion, chiefly serous, and the accession of various constitutional manifestations.

Besides these may be noted its regularity, or if irregular its symmetrical irregularity, its sloping and adherent edge, smooth and shining surface, its non-auto-inoculability, its slow cicatrization, or resorption, its painlessness, its asserted non-transmissibility to animals and the infrequency of phagedæna—a disease by the way, of much greater rarity than one is led to believe by the mentions made by men from time to time. In addition to these points it must be stated to be, of the three important venereal diseases—gonorrhœa, chancroid and infecting chancre—the least essentially venereal in its origin, and the least virulent in character. Of this latter fact a most interesting example I take the liberty of quoting from my case book—Benjamin O., a man of vigorous general health, during the month of October, 1875, visited in company with two of his friends, a house of prostitution. All three men had connection with the same woman, and as a consequence, two of them contracted typical cases of gonorrhœa. My patient contracted constitutional syphilis. When last seen by

me he had on the insides of arms, thighs and front of legs an abundant eruption, a part of which had begun to scale, and present a coppery color. He was also suffering from obstinate sore throat and an exaggeration of his deafness. The two companions when I last heard from them, Jan. 18th, 1876, had gotten well of their gonorrhœa and were quite well in every respect.

Without more than an acceptance of the two first diagnostic signs, the incubative period of variable length and the singleness of the sore except in rare instances, I pass at once to the study of the induration, upon which so much stress is laid. First, I beg to submit. Is there such a thing as specific induration, of such a character as to enable the surgeon upon that alone to diagnose so grave a disease as syphilis? To this question I answer that so far as my own not inconsiderable observation extends, and that out of the many cases to which I was called in our naval services and since then, I have found very few presenting such induration as to justify me in pronouncing positively upon the nature of the trouble.

That there is induration in the vast majority of cases of course, there is no question, but as to the distinctiveness of that induration in all instances I most emphatically question. To be more explicit, still I can say that not more than ten per cent. of all the cases which I have seen, and this I believe to be a liberal count, offered sores on the penis which upon them alone I was willing to promise constitutional infection. In making reference to the results of my experience I beg exemption from any egotism, and only used it as an evidence that I am not judging with undue haste and without proper deliberation. Likewise I am not forgetting to run the risk of censure from the old German Surgeon as cited: "But enough! when a physician or any one else displays his experience and observation before you, look sharply to see whether he has any brains."

Take away the period of incubation as we are so often compllled to do, because of the frequency and promiscuousness of sexual congress, also the multiple adenitis, with little tendency to suppuration, then our reliance upon the induration would be the more surely tested, as would be its intrinsic value in the matter of diagnosis. The very case just quoted is a case in point. When seen by me, some weeks after exposure, the sore upon that man's prepuce, was very slightly indurated which could be caused by caustic, whilst the glands of his groin were enlarged. And in this case, that of a medical gentleman, another difficulty in diagnosis consisted in the fact that wherever he

took cold these particular glands became enlarged and painful as they were when I was consulted. I mention this simply to complete the description of this case.

It is in the combination of evidence that the soundness of our opinion rests and if there was any particular symptom to which priority was to be given I should certainly give that to the character of the buboe, associated of course, with some other corroborative symptom.

Histologically considered this induration in chancre is very closely akin to tubercle and the gummata, belonging to the secondary, and tertiary stages respectively. It is, in fact, a state of chronic inflammation, eventuating in the production of true cicatricial tissue. Syphilis inherently, from its first manifestation to its end, is a plastic disease if the expression can be permitted and seemingly if this is substituted by a tendency to low rapid cell proliferation suppuration or ulceration, it is to be attributed rather to a deviation from than as a part of the law of the disease. It is necessary to note this as a refinement and not as a matter of any especial importance. It is also necessary to mention my concurrence with the view, that the many phenomena which make up the tertiary stage are really sequelæ of syphilis, as there is no evidence that any of the lesions in this stage produce an inoculable virus, and which some of our ablest syphilologists hold to be strong proof, to the fact that the disease ceases to be symmetrical in character.

In the matter of the structure of which this induration consists Mr. Hutchinson says that "so peculiar is the product that one is almost tempted to speak of new growth rather than of inflammation." "From beginning to end" he says, "from the chancre to the tertiary gumma" the tendency to cell-growth, with a predominance of spindle tissue at times is a notable feature of the disease. "The production of a mass, solid and firm, is "a characteristic feature of the inflammatory process, he again says, when lighted up by the virus of syphilis." The most accepted explanation of this induration of chancre is similar to that advanced by Bilroth, namely, that the syphilitic virus is an irritant which becoming fixed at the point of inoculation, exercises two important influences upon the white blood corpuscles. 1st, their infection by which they become vehicles of the contagium; and 2nd, that which pertains to us directly, the development out of them of connective tissue fibrillæ in the same way as the normal cicatricial tissue is formed, and as previously stated this is the material to which the hardness of chancre is due, in truth a material, that lies intermediate between the mobile cellular and the more stable

and formed tissues. And I take it that here lies the explanation of the diminished virulence of the infecting chancre as compared with the chancroid and the gonorrhœa already referred to, the latter being characterized by the great disproportion of the cellular over the more formed materials.

Wherever this hard chancre is attacked with an acute inflammation we have, in lieu of its cleanly cut and abrupt edges, with a surface bedewed with serum, the jagged edges of rapid ulceration, generating a pus actively contagious like all living pus and capable of producing a chancroid, or both chancre and chancroid, mixed according to some authorities. I assume the risk, if there be any of dogmatism in dealing so summarily with the misnamed dualism, for; as is stated by the author of Constitutional Syphilis in Reynold's System of Medicine, "surely it is absurd to speak of the 'duality' of things which have scarcely any features in common." "The production of constitutional phenomena is the essential feature of syphilis and there are not two forms of syphilis as thus denoted."

The intercurrence of ulceration of the chancre is like phagedæna, like suppuration out of rule of the inguinal buboe, is as before observed not the normal course of the lesion; but the result of some vice of health in the individuals affected; being much the more common in negroes than in whites, liable to occur after a debauch or as one of the expressions of a depraved general health not traceable to the disease in question, such as scrofula, phthisis and kindred disorders. As a consequence of alcoholic excess, it is not uncommon to observe in both civil and military practice, persistency of obstinate and unfavorable symptoms, supervention of ulceration upon the surface and at the edges of a previously smooth, shining, slowly but healthfully disappearing sore on the penis.

In considering the nature of the induration I have not thought it worth while to comment upon the merits of the proposition that "it was (the induration) made up of a specific syphilitic material and not of normal tissue." It is in the latter, normal tissue, where, in syphilis and all other diseases involving change of structure, the subject must be studied, and here comes the necessity of having and believing in a virus with the power of infection, the power of making tissues when subjected to the influence of that virus to become abnormal and aberrant after a more or less definite fashion. It is the order in disorder, which enables us to recognize and treat this and that specific disease.

Of the different varieties of induration mentioned by observers only three are worthy of notice. 1st. The superficial or parchment like induration seated near the surface of the integument, held by Prof. Keyes to be the commonest form. 2nd. The split pea induration representing a section of a cone, which when present, is easily noticed, being painless, movable, terminating abruptly and not shading off into the neighboring tissues. The 3rd variety is simply different in decree from the preceding, all the distinguished points being simply the more pronounced. The inclastic and boggy feel of *acute* and concurrent inflammation contrasting somewhat with the elastic and firmer character of the specific induration. Induration varies with its seat and according to the tissue in which the chancre is seated. When the sore is located on the glans penis, a spongy tissue, the hardness is slight, but if a sore be upon the labia, the lips, nipples, skin, behind the corona, or on the cervix uteri, a most uncommon seat indeed for chancre, it is decidedly more conspicuous. It is very rare for induration not to be present, and if "*bubon d'emblee*" are now agreed to be merely instances where the lesion upon the penis has been slight, and evanescent coming and going without engaging the attention of the surgeon.

Amongst the most melancholy opportunities for studying this and the other salient features of the disease has been that which has been offered in connection with vaccinal syphilis, so long disputed, but now supported by such an array of evidence as to leave little doubt as to its occurrence. Inasmuch as particles of blood, and epithelial debris are acknowledged to be capable of containing and converging the poison it may be regarded as superfluous to pronounce a given case in direct opposition to all proof, to be one of probably hereditary syphilis, which, having laid dormant was evoked into existence by vaccination.

Many points press for an examination but as my chief object was to invite attention to what had been to me the unsatisfactoriness of a highly vaunted factor in diagnosis, and as my address has already reached its intended size I must refer them to gentlemen who may feel disposed to engage in the discussion.

Some of these are the peculiarities of mammary chancre especially examples of the indurated fissure, the icthymatous form of the initial lesion, and the variety known as that of the superficial erosion.

Another point of rather a scientific interest is that discussed in con-

nection with the semen being the immediate cause of chancre and subsequent syphilitic infection.

The most important of that which remains is under the head of treatment, about which I take it for granted that the members of this body are as well qualified to judge as myself.

The question still continues sub-judice as to the role played by mercury in the treatment of the disease. Does it hasten recovery? Is the influence upon the induration of chancre favorable? and if favorable is that to be esteemed an index of how it acts upon constitutional syphilis! If a good remedy what is the best method of administering it? What circumstances modify its effects? and notably do intemperance, irregular habits and vices in modes of living defeat its good effects? These are all large questions and would require more time than is at my disposal to deal justly with them. To all but the question which refers to the mode of administering the drug I think I can surely reply that the great bulk of observers and practical men would return an affirmative.

To the question relating to the mode of administration the profession seems inclining with similar accord in favor of not giving it by the mouth but rather through the skins, either by inunction or fumigation. Ung. Hydrargyri and oleate of mercury for the first, and calomel for the second. The advantages claimed are that whilst the effects of the remedy upon the disease are as good, the prospects of salivation are reduced to a minimum.

I have never seen but two or three cases in which the gums were affected where mercury was administered by the external method

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NOTE.—This paper of Prof. Brown was the first of a contemplated series of lectures upon the subject of syphilis, to be delivered before the Medical and Surgical Society of Baltimore, of which he was president. His untimely death prevented the completion of this laudable object. At the request of the Society the above paper was read by Dr. C. F. Bevan

## —TRANSLATIONS.—

FROM THE FRENCH AND GERMAN.

BY R. B. MORISON, M. D., BALTIMORE, MD.

A Case of Puerperal Fever Cured by Benzoate of Soda.* *Centralblatt* March, by Dr. Petesen in Gravenstein.—As there is no case known to me in medical literature of puerperal fever treated by benzoate of soda I send the following short account of one: A primipara, æt. 25, twelve days after confinement was taken with puerperal fever. There was severe perimetritis on right side and slight at the fundus uteri with great pain and meteorismus. Diarrhœa, pulse 140–150, temperature 104. After use of 15.0 ( ℥ ss) salicylate soda, temperature came down to 101.4, but followed by dangerous collapse, great dyspnœa and increased meteorismus. After diligent use of wine and strong beer the pulse returned and then quinine was ordered every two hours. This was followed by such ringing in the ears it was changed to 7.5 ( ʒ ij) salicylate soda in two evening doses. Then as an experiment only 15 grains was given and the temperature again reached 104, while the pulse was not lessened in frequency. Then 5.0 ( ʒ j gr. 15) salicylate soda was ordered in a single dose and next morning there was again collapse, and again life was saved by wine. Then I ordered, upon Schüllers recommendation of benzoate of soda in septic infection of all kinds, a solution having the strength of 10.0 to 200.0 ( ʒ 2½ to f ℥ 6½) a tablespoonful to be given every hour. The pulse sunk to 130, the temperature still 104, but the dyspnœa had disappeared and the general condition of patient was better. The meteorismus had gone, perhaps from the application of 30.0 ( ℥ j) unguentum mercuriale made in three days, probably however from the effects of the benzoate soda. The temperature fell then to 103.7, the pulse to 120 and the patient slept. I must here add that before the use of the benzoate soda, quantities of sordes were developed on the lips and tongue and decubitus had set in. These complications began to heal immediately upon beginning the benzoate soda, and

*Benzoate of Soda comes in needle shaped crystals soluble in water and of a sweet, penetrating taste. Benzoic acid and its salts change uric into hippuric acid and the union of the latter with inorganic bases is soluble. Therefore Benzoate of Soda has been recommended in uric acid diatheses.—[Translator ]

entirely disappeared upon continuing the same with the conjoined use of borax and ungt. plumbi as an application. I increased the dose of the benzoate to 15.0 to 200.0 ( ℥ ½ to f ℥ 6½) which caused the temperature to fall to 101.3 and the pulse to 104 while the patient suffered no inconvenience. I should not like to draw conclusions from one almost hopeless case although it turned out so well but I should like to recommend a more extended trial of the benzoate of soda in "lying in" troubles.

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Société Medicale.—M. Tenneson related a case of a man æt. 56 who had complete suppression of urine from calculi in the ureters for ten days before entrance into hospital. Patient had no urinary colic nor hæmaturia, there was no sensibility of lumbar region nor antecedent history of rheumatism or alcoholismus. On day of entrance patient taken with vomiting. After a bath 30 minims of urine was drawn. Death occurred the fifthteenth day of the suppression.

Autopsy showed empty and healthy bladder, right ureter completely closed at the upper third by a small calculus the size of a pea, which caused slight dilatation above. The left ureter was entirely free, but in one of the calices was a hard calculus 8 lines long and 2 lines thick. It was free and so probably obstructed the ureter during life of patient. Kidneys showed no lesions.—"*Gazette Hebdomadaire.*"

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Treatment of Whooping Cough by Carbolic Acid Inhalation.—Dr. Thorner used carbolic acid inhalation in 16 cases whooping cough with good result. Large children can use a regular inhaler the glass of which holds about 80.0 (f ℥ 2⅔) and inhale three times a day sitting about three feet from the instrument. The solution should be one to two per cent. carbolic acid. When children are too small to properly use the inhaler two or three glasses may be "sprayed" into a tightly closed room and the children allowed to sit in it 20 minutes at a time.—*Centralblatt,* March.

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Cure of Epileptiform Neuralgia of Face by Ammoniated Copper.—In the case of a man æt. 32, suffering with intense pain in his face, every known medicine had been tried in vain. The pain followed all three branches of nerv. trigem, and returned every 5 minutes during the day and night. At last, however, from the use of ammoniated copper 0.10 (2 grs.) during the day the pain almost entirely left.—*Centralblatt.*

A Case of Myosarcoma Striocellulare of the Kidney.—The above tumor in a child æt. 1 year, 6 months, was first noticed a year before death from the swelling of abdomen. Autopsy showed a tumor filling almost the whole of the right side of the greatly distended abdomen. On its upper side lay the enlarged capsule, and on the under a small part of the original kidney.

The tumor was lobular upon section, mostly of a greyish-white color; in places greyish red, the surface hard and fibrous, and internally of a fleshy consistency. It consisted of round cells and striped muscular fibres and was in every respect like tumors of this class.—*Centralblatt*, March 1879.

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"Société de Thérapeutique."—M. Créquy related a case of an old woman who vomited incessantly, and whom he had kept alive some time by the use of nutrient enemata. A discussion arose as to the efficacy of such treatment. Experiments on dogs had shown that an animal would die of inanition after bouillon enemata as soon as after the use of warm water. The general opinion seemed to be that the life of the patient in question was not prolonged by the enemata, though many members believed such a thing possible if the enemata could be properly prepared.—"*Gazette Hebdomadaire.*"

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Treatment of Variola with Carbolic Acid.—Diligent washing or wetting of the skin with a one per cent. solution of carbolic acid prevents either the development of papules to pustules or at least the confluence of the latter, and never leaves behind any scars. A carbolic spray used several times a day prevents—according to the experience of the author (Schwarz), contagion among the attendants. —*Centralblatt, March.*

## PROGRESS IN SURGERY.

BY J. EDWIN MICHAEL, M. D., DEMONSTRATOR OF ANATOMY, UNIVERSITY OF MARYLAND, BALTIMORE, MD.

In a clinical lecture reported in the *British Medical Journal* of June 8, 1878, Sir Henry Thompson having exhibited, and done some experiments with the microphone illustrating its use in detecting small fragments of stone in the bladder, remarked:—

"In a few words then the demonstration is this, that you can make absolutely, logically certain the existence of small fragments of stone in the bladder, for the detection of which you have hitherto depended upon your unassisted ear and hand. I want particularly to say that the ear and hand will suffice for almost all cases. There may be one in twenty cases in which it may be necessary or desirable to use this instrument. It is something like the endoscope in the case of the urethra. Where it was first introduced a good deal was said about its being applicable to all diseases of the urethra and bladder; but it was found in practice that however well it looked upon paper, there was only a case here and there that might be benefited by its use. What has mainly actuated me in bringing the subject before you is this: It is obvious that this new invention which increases the sound of a foreign body is equally applicable to a bullet or a shot, or any foreign body at the bottom of a wound or a piece of diseased bone. I thought it was desirable that this new power should be examined carefully by one who was in the habit of doing something in this way, and it occurred to me that it would be agreeable to yourselves and certainly gratifying to my own feelings, that the utilization of the powers of this new invention should first be shown not at Paris, not at Vienna, but in London and best of all in our own alma mater.

At the session of the *Societe de Chirurgie* of February 5, 1879, *M. Despres* exhibited a patient in whose case fracture of the neck of the humerus had been made as a method of treatment for irreducible dislocation of the shoulder. Although passive movements were daily used, the fracture united, though the patient gained much in the mobility of the arm; electricity having been also applied during the treatment. *M. Verneuil* remarked that *M. Despres'* treatment was not one to be approved of and was more likely to produce evil than good. Another member accounted for the gain in mobility by supposing that the force exerted to cause the fracture broke up some of the adhesions and the subsequent passive movements, and electricity increased the range of movement.—*Gaz. Hebdom.*, February 14.

(The case is one of great interest as showing under what difficulties a broken bone will unite.)

At the meeting of the same society on February 26th, *M. Despres* continuing the discussion of wound dressings, which had been for some time under consideration, remarked:— "Three years ago the dressing of Lister was defended with vigor in the *Societe de Chirurgie*. To day we are less excited; it is admitted indeed that a wounded patient treated with phenic acid may possibly die. If one reads the reports of the surgeons of Moscow one sees that a dressing of fresh air is a most biting criticism of the treatment of Lister. No treatment is suitable for all wounds, and no treatment is suited for all stages of a wound. In 1814 *Roux* made a trip to England and wrote on his return a book entittled "A Comparison of English and French Surgery." Later *M. Topinard* published a thesis on English surgery; finally in 1865 *M. Valcourt* vaunted Lister's treatment in an article in the *Gaz. Medicale*. Three times have we been told that the English surgeons did better than we. *Roux*. advised union by the first intention; *Topinard* insisted on the hygiene of the wards and tonic treatment. To day Listerism is the fashion. In the space of fifty odd years three panacea treatments have come to us from England. The doctrine of septicæmia is not completely established; the clinical causes of septicæmia are not understood. *M. Verneuil* is for the theory of poison (sepsine); no one has seen sepsine. The Theory which has most adherents is septicæmia with metastatic abscess. *Mr. Lister* has said that the decomposed pus remaining in the wound is absorbed. *M. Pasteur* has admitted that septic products contain bacteria. There is one natural mode of healing of wounds. A moist atmosphere around the wound and complete rest are necessary." *Mr. Despres* presented a patient whose thumb had been torn off February 12th. A dressing of diachylon had been applied, and the wound was almost healed. Fourteen days after the accident the wound was in good condition and had no fetid smell. *Mr. D.* had treated eighty-five such injuries and lost only two, those by tetanus. The partisans of the antiseptic treatment could do no better. He made some further remarks comparing

his own and the German statistics in which he spoke of the latter as unreliable. He mentioned among his own twenty-nine (29) extirpations of tumors of the breast at *L'hospital Cochin*, without a death. He accounts for the statistics of the English surgeons by saying that they operate on patients whom the French would let alone.

At the next meeting (March 5th) the same subject being still under consideration. *M. Faraburf* took opposite grounds and spoke as vigorously in favor of Listerism as *M. Despres* had spoken against it. After speaking of the indications met by the treatment and following its progress from Glasgow to Edinburg, thence to London, to Berlin, to Halle, to Vienna, to Paris, and devoting some time to proving that it is of French origin, he concludes as follows :—" The special merits of Lister's treatment are that it excludes the air and allows free drainage. With this dressing union by the first intention is sometimes obtained even in old persons ; under its protection one freely opens joints and the results are nearly always satisfactory." *Gaz. Hebdomadaire*, March 7th, and 14th, 1879.

That we have not quite arrived at unanimity in the matter of treatment of stricture of the male urethra may be gathered from a comparison of the writings of some of the devotees of the modern operation of internal urethrotomy and the following remarks of *Mr. J. Cooper Forster* in a paper in *Guy's Hospital* Reports, 1878. After describing somewhat in detail the method of gradual dilatation by soft catheters and the efficacy of allowing a small soft instrument to remain for some time in the stricture, Mr. F. proceeds :—" Sir Henry Thompson remarks that 'Every surgeon who possesses tact, patience and judgement, and of course a requisite experience, may undoubtedly treat successfully by his own favorite method, whatever it be, a large proportion of the cases that apply to him.' But he adds, 'Let not his success lead him to imagine or to persuade the world that his method is the only true one.' With this I of course, entirely agree if Sir Henry only alludes to the varieties of simple dilatation, but if he includes the variety of operative measures including the use of the knife or caustics, then I must also say I disagree with him, inas-

much as I consider all such means unscientific from a pathological point of view. I do not allude here to any method of treatment which aims only at getting rid of the urine behind the stricture. I am only concerned with those operative measures, which strive after *cure* by the division or destruction of the stricture. All such appear to me not only unnecessary but unsound. For if it be allowed that all cases of simple stricture with hardly an exception, can be treated by dilatation, and that this is so, is evident by the passage in most cases of a fine stream of urine, what more can be gained by cutting through the stricture? If a Syme's grooved staff can be passed along the passage, so can a catheter, and if a catheter then the stricture can be dilated. So surely as a knife is used however, we have to do not only with the stricture but also with the new tissue engendered by the cutting. This must be so, and cicatricial tissue will always contract. Any such addition of fibrous material, to that already existing must in the long run be a very positive disadvantage, and what advantage counter balances this it is hard to say. A large sized instrument can be passed at once and that is all. But there are other attendant risks whenever a knife is used; there is extravasation of urine, to say nothing of pyæmia, erysipelas, or traumatic fever, for be it remembered these cases can not be conducted on antiseptic principles. In concluding his paper Mr. F. says: "Here is my experience in the matter and I can not do better than close this paper by showing in how close agreement I am with my respected colleague and former teacher Mr. Cock, who thus writes: Some ingenious mechanical contrivances cut, some tear, some burst, some are supposed to dilate with marvellous rapidity. My objection to their use is founded upon forty years experience which has taught me, that such cutting, tearing, bursting or rapid dilatation, is often exceedingly mischievous in its effects and fails in establishing a permanent cure, and that the object in view may be accomplished by much milder, surer and safer means.

In the *Lancet* March 1, 1879, Mr. H. Noyes Bell gives an interesting account of a case of tracheotomy for croup which occurred in his practice in which sudden death occurred on the 15th day

after the operation from hemorrhage. He was unfortunately unable to obtain a post mortem examination. Mr. Bell in summing up the case says:—I regret my failure to obtain a post-mortem examination, but my case bears a strong resemblance to one under the care of Mr. John Wood many years ago. The specimen is in King's College Museum and shows an ulcerated opening through the trachea into the innominate artery; caused by the end of a tracheotomy tube which was of silver and similar to the one used by myself.

In the session of the Clinical Society of London, of February 28, 1876, there were reported two cases of successful tracheotomy in diphtheria. Mr. G. Lawson related a case in which the patient was a girl of 8 years. On the fifth day of the attack the high operation was performed. The room was filled with steam. Membrane was removed as it appeared at the opening and the tube which was single was removed and cleansed when necessary. On the seventh day the tube was removed for good. The child made a good recovery although hoarseness persisted for some time. The points to which Mr. L. called special attention were:

1.—The tracheotomy wound above the thyroid as more easily done than below it.

2.—The use of a single tube by which a larger channel is maintained, and its frequent removal for cleansing which greatly helped the successful result.

3.—The non-employment of a tent into which steam is conveyed. He had long thought it a mistake and therefore decided not to employ it in this case, trusting to the general warming of the air in the room by the steam from a kettle on the fire.

The second case was that of Mr. Pugin Thornton. The patient was a boy of three years the last of a family of three, the other two of which aged respectively 4½ and 1 had died of diphtheria before this operation was performed. On the fifteenth day during a violent attack of dispnœa the operation was done. For some days after the operation pieces of membrane were coughed up through the mouth or removed with the forceps through the tracheal wound. Three weeks after double strabismus set in lasting a fortnight. A further proof of the diphtheritic nature of

the disease was added by Mr. T. himself becoming affected by a mild tonsillar form of the disease on the fourth day after first seeing the case. The boy has since done well, but his progress has been very slow, for the canula is still being worn although five months have elapsed. During the day the tube is completely closed with a cork, the child talking freely and running about the house. At night-time the cork has to be removed because of dispnœal attacks which come on when he falls asleep with the tube closed. The other two cases died of laryngeal obstruction. —*Lancet*, March 8, 1879.

On March 1, at 3 p. M., died James H., the patient on whom Dr. David Foulis of Glasgow, performed the operation of excision of the larynx. This is the eleventh case on record in which this formidable operation has been performed. Malignant papillomatous growth was detected in the larynx, and on May 9, 1876, at the suggestion of Dr. Foulis cricotomy was performed by Dr. Geo. Buchanan and the growth clipped out with scissors. The growth having reappeared Dr. Foulis on April 16, 1877, performed thyrotomy opening the larynx freely and clipping out all the diseased parts. Another relapse having occurred and the patient in danger of suffocation from the size of the growth excision of the larynx was determined on and done on April 10th, 1877.--(*Lancet*, vol. ii, 677, p. 552.) The patient made a good recovery and subsequently a modification of Gussenbauer's artificial larynx was adapted to the wound and by its help he was enabled to speak with remarkable distinctness.—(*Lancet* vol. 1, 1878, p. 120). He died of tubercular phthisis, some evidences of which disease he had shown prior to the first operation, having enjoyed seventeen months of reasonably comfortable life since the excision. Dr. F. says:—"So far as I am aware this patient has lived longer than any other on whom this operation has been performed, and the success which attended it in the presence of the serious phthysical complication is very encouraging in regard to similar cases."—*Lancet*, March 29, 1879.

## REPORTS OF SOCIETIES.

### MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

The Eigthty-First Annual Session of the Medical and Chirurgical Faculty of Maryland convened in this city at 12 o'clock M., on Tuesday, April 8th.

The meeting of the Faculty was called to order by the Vice-President Dr. Jas. Carey Thomas, of Baltimore. The Secretary read a letter from the President Dr. Saml. P. Smith, of Cumberland, stating his inability to be present on account of illness.

The reports of chairmen of the different committees were read and adopted.

The reports from the different sections were next taken up and the report from the section on surgery called for.

*Dr. J. A. White*, from the section on surgery, read a paper on Glaucoma. This paper begins with a report of a recent case of glaucoma in a physician in whom the right eye was blind from *absolute glaucoma*, and the left exhibited the curious phenomena of becoming blind every day between 11 and 1 o'clock, from clouding of the refracting media of the eye, and remaining so until evening when the sight would begin to return, and by the next morning vision was perfectly good and the refracting media clear again. This phenomenon attributed also to glaucoma was the point of special interest about the case as it is so rarely seen that only *one similar case* was found on record. The use of a solution of sulphate of eserine warded off this appearance for one day but iridectomy was performed too soon to determine whether eserine would have given permanent relief or not. The result of the operation was a perfectly successful one, the vision of the patient being better than before with no return of his blind attacks.

In his search for a satisfactory explanation of this phenomenon Dr. White entered into an exposition of the recent theories on the subject of glaucoma which have resulted from Prof. Leber's discovery of the excretory channels for the intra-ocular fluids.

These theories, emanating from Knies, Weber, Pagenstecher, Brailey, Stilling, Panas and Wecker, were all shown to be insufficient to explain the phenomena and the pathological changes met with in

all cases of glaucoma. Wecker's theory of "glaucoma being due to some disturbance of the equilibrium between the secretion and the excretion of the intra-ocular fluids" is a broad enough definition to include the views of nearly all the others but needs more demonstration than it has had. Brailey's idea, that, *the atrophy of the ciliary muscle*, almost invariably met with in glaucoma, has a great deal to do with the production of the increased tension, by the disturbance of the intra ocular circulation resulting from this atrophy, (he suggests that the ciliary muscle controls the circulation as well as the accommodation) is an original and valuable contribution to this subject but also needs demonstration.

In regard to the explanation of the mode in which iridectomy diminishes intra-ocular tension Dr. White says they are all unsatisfactory, and he gives the objections to Wecker's plausible theory of the sclero-corneal section in this operation being the means of relieving the tension by acting as a filter for the aqueous humor; in fact becoming a new excretory channel, as it were, in place of the natural channels closed by obstructions; (though a firm cicatrix can hardly be porous enough to use such a term) to allow the aqueous to pass through it. In conclusion he said that notwithstanding all these theories which contain many valuable ideas, we have not yet a satisfactory one to explain the causation of glaucoma or do away with the *empirical* character of the operation performed for its cure.

*Prof. Julian J. Chisolm* read a paper entitled "A Few Facts in Relation to Squint." During the year 1878, Prof. Chisolm had operated 129 times for tenotomy of the recti muscles, and a great many hundred times in the years which had preceded. It is from these cases that he drew the data for his practical paper. After dividing squints into the two recognized forms, viz; such as may be occasioned by paralysis of one or more of the muscles of the eye ball, the so-called paralytic squint, and the very large family of cross eyes in children caused by defective shape of the eye ball, in which each of the eye muscles contract, but not in normal degree, he stated that the true squint was based upon a defect in the shape of the eye ball, acquired during its development in the womb, a very few children are born with squint. The deformity usually shows itself when the eye is taxed in viewing near small objects. Early school life is the begining of this severe demands upon the eye muscles and by over work, establishes the squint and hence squints usually show themselves between three and eight years of age. From this view which is the

accepted one with all ophthalmic writers the tendency to squint exists with the child when in utero, and is therefore not brought about in school by imitating deformed children, nor from bad habits, nor often from convulsions during dentition, but is developed in the ordinary pursuit of acquiring the rudiments of an education. If the cause of the coming deformity is appreciated by the family physician he could readily prevent all future trouble by having the child wear suitable magnifying glasses. When the squint remains permanently, and is never absent, then the period for correction with spectacles has passed. The only way now to remove the ugly defect is by operation under chloroform. Dr. Chisolm believes that chloroform can be given to children without risk. Early attention to the operation is used as the inturned eye soon undergoes deterioration and in the majority of cases becomes blurred for life. An early correction of the squint will not only remove the deformity, but will often restore the eye to its normal sharpness of vision. The very best results are obtained in the youngest patients. The extreme in the practice of Prof. Chisolm during the past year were from a child 6 months old, to a lady 56 years of age. Dr. Chisolm urges professional men to abandon the advice of letting children out-grow this defect, and also the advice given to parents of waiting till a child grows older and stronger. By delay one of the eyes is usually so enfeebled in usual acuteness as to be lost beyond recovery for all useful vision. With the present mode of operating every squint is made better, never worse by the surgical procedure; and although every eye, particularly the long standing ones, can not be made straight by the first operation, in by very far the majority of cases the deformity is altogether removed by the careful cutting of the muscles. In old cases a second and at times a third section will take away all trace of the squint.

SECOND DAY.

The Faculty convened at the Johns Hopkins Hall, at 12 o'clock, M. The President introduced Prof. H. N. Martin, of the Johns Hopkins University, who had been selected to deliver the annual address. Prof. Martin announced as his subject, The Physiology of Secretion.

In the course of his address upon the physiology of secretion Professor Martin commenced by a consideration of the phenomena presented by the multiple living organism. He pointed out that living beings, consisting of one cell only, exhibited certain phenomena which were entirely distinct from those of inanimate matter; they possessed

the power of taking up from the exterior, or medium, substances which had a chemical constitution different from that of their own living protoplasm and of building these up into molecules of living matter. Their growth being essentially different from that of a crystal since the new molecules were laid down, not on the surface, but in the interior of the already living mass of matter.

The simplest living organisms possess not only the power of designing about these constructive changes of dead matter, and also of reproduction, but are irritable, contractile and coördinating. But in animals consisting of many cells these powers are distributed between the individual cells, each of which lives on its own life, while its activity is subordinated at the same time to the good of the whole animal. Some cells become specially contractile as in muscles, some specially coördinating as in nerve centres, and some specially calculated to produce chemical changes as in glands. But binding all these differently endowed cells together so that they should coöperate to form one animal were the nervous and circulatory systems. Disease depended upon abnormal modes of life of the constituent units or cells of the body; and the mode of life of each of these was determined by three factors. First. The physiological characteristic of the cell itself. Second. The influence of the nervous system upon it. Third. Its blood supply.

The study of secreting cells, such as are found in the solitary glands manufacturing the saliva from the blood, tended to show that cell life was largely controlled by the nervous system; but was to a great extent independent of the circulation. So long as a cell in the body had a certain minimum blood supply, its activity was determined not by extra blood supply, but by nerves acting upon it.

Such facts had great pathological importance tending to show for instance that cerebral excitement was not due to brain congestion by that the congestion and the heightened activity of the brain cells were both secondary results of some other cause.

After this address Dr. T. B. Evans, Chairman of the Section on Practice of Medicine, read a lengthy paper on Yellow Fever.

*Dr. Evans* began his paper by stating that yellow fever is a preventible disease, and can be stamped out by the requisite methods as effectually as variola can be by vaccination. That it is indigenous in the lower Mississippi Valley, and will always occur there whenever, the three factors, necessary to its generation are in full force. These factors are a temperature of from 70 to 80 degrees Farenheit, a high

dew point of at least 70 degrees, both of which must be maintained for six weeks duration, and the products of both animal and vegetable decomposition. These three factors constitute, the shears of fate. First, the blade, high temperature ; Second, the blade high dew point, and the rivet animal and vegetable decomposition, which makes them perfect as a whole. The absence of either of these factors destroys the unity of the shears, and renders them incapable separately of generating or cutting loose the disease. The history of yellow fever shows that it never occurs without a local cause ; viz ; animal and vegetable decomposition, extreme heat and a high dew point will not cause it without the gasses arising from the decomposing matters mentioned.

All miasms, yellow fever included, cannot prove detrimental, as to health, unless they are in one sense bottled up. Pure air, is nature's disinfectant, and if the access of pure air is permitted, or can play upon the germs, or poisoned air of yellow fever, it dilutes the poison so completely as to render it harmless. The poisoned air of a ship's hold discharged in a city, cannot affect the health of the inhabitants of the city, if the air of the city is pure, because the quantity of air thus discharged is ridiculously small in cubic feet, in comparison with that great ocean of air above and around us, and can do no more harm than one grain of arsenic would do to the inhabitants of the Atlantic ocean. Dr. Evans remarked that the reason why yellow fever is confined to cities situated upon the sea coast, or navigable rivers, is that the air of such cities is always more moist and damp, in consequence of the evaporation of water upon which they are situated. The same rule will apply to a ship at sea ; the air in the hold is necessarily damp from the same cause, the preponderance of moisture in the air. Another reason why it is confined to cities, is that the inhabitants are crowded together ; that every animal organization, man, beast, etc., exhales every minute carbonic acid gas, which is fatal to animal life, and that in a large city, the quantity thus exhaled must be very great, and contaminates the air. This poisoned air is hemmed in, or fenced by the houses being built close together with narrow streets between the blocks, thus becoming bottled up. In consequence of this fencing of a city, the wind is thus prevented from producing that agitation of the elements, which is necessary to a solution or a disinfection of it. Ozone, which is a modification of oxygen, is notably absent in the air of a city infected with yellow fever. Oxygen is a necessity of animal life, carbonic acid a necessity for plant or vegetable

life, and in large cities, where a large number of animal creation is domiciled, there is less oxygen, than in the country, because there are more consumers of it, and consequently more carbonic acid gas, exhaled or set free.

Dr. Evans said that nature teaches us how to avoid disease; the highest office of the physician was not to cure disease but to prevent it. With cleanly people, cleanly cities, and uncontaminated air the evils which spring from the bosom of nature, only need for their removal, an observance of the laws which nature herself reveals.

Dr. Evans believes that yellow fever cannot be carried from person to person; one must inhale the air of the place where it exists. Proof is afforded in the fact, that thousands of refugees from the south in the late epidemic found their way into many cities, north, east and west, many died there, but none of the inhabitants contracted the disease from them.

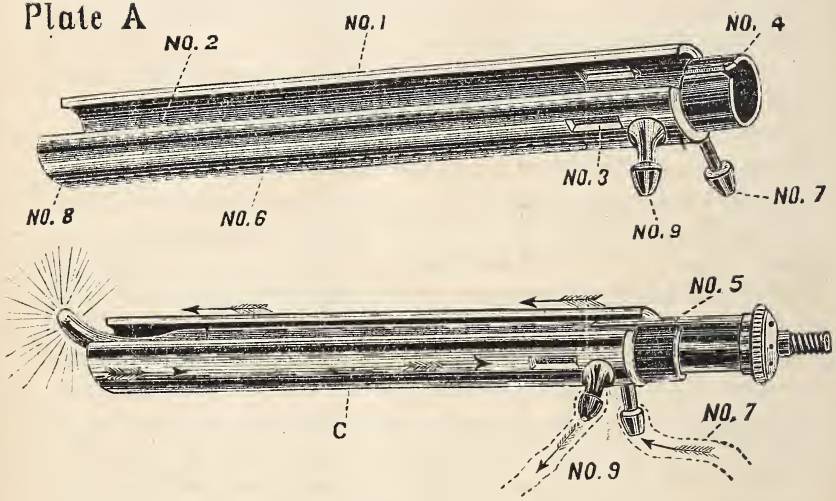
Dr. Chas. H. Ohr, of Cumberland, made an extempore address on Cerebro-Spinal Meningitis. Dr. Oh rhad arrived at different conclu sions, from those generally accepted, in regard to the nature of this disease. He believed the pathological condition to be an active congestion and inflammation of the brain due to a specific poison.

He recommended as treatment bleeding, cold applications to the head and active purgation. Dr. Ohr remarked that he was a great advocate of venesection, and thought the profession had abandoned this agent to too great an extent during recent years. He still continued to practice venesection and was convinced that the indications for its practice were more frequent than were accepted at the present day.

THIRD DAY.

*Dr. H. P. C. Wilson* from the section on Gynecology and Obstetrics exhibited an instrument, which he had recently invented, which was designed to counteract the evil effects of heat from Paquelin's thermo-cautery when operating in deep cavities. Dr. Wilson remarked that in operating with the thermo-cautery he had experienced the greatest difficulty in preventing the shaft of the knife from burning the vulva and vagina, and had devised different methods of preventing the radiation of heat, all of which had proven cumbersome and useless, except the instrument which he now presented to the Faculty.

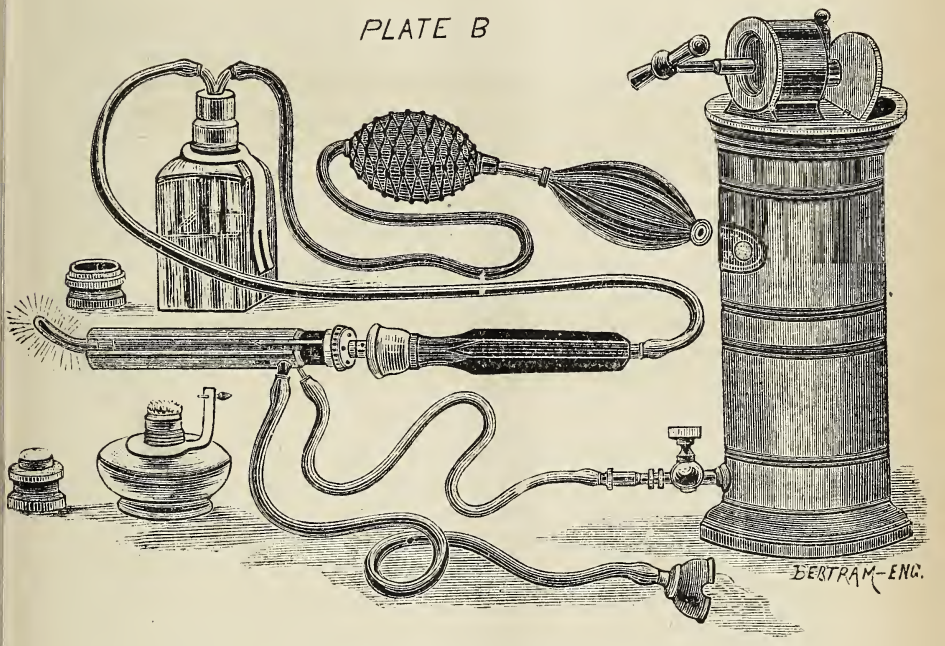
Plate A




This instrument Dr. Wilson calls the thermo-antidote in contradistinction to the thermo-cautery. It is a hollow cylinder of sufficient size to allow the shafts of Paquelin's knives to slip easily into it, as may be seen in plate A, No. 1. It is made of German silver 5½ inches in length and hollow. Its upper surface is fenestrated its entire length to allow the insertion of a curved knife. To allow the introduction of air fenestra are provided which correspond to the fenestra in the shaft of the thermo-cautér. (See No. 3, plate A.) The thermo-antidote increases the shaft of the thermo-cautér only four m. m. It is provided with a spring to prevent it from turning on the shaft of the knife, On the under side of the thermo-antidote, and running between its two plates, is a canula, five inches in length, which delivers cold water at the distal extremity where it is poured out into the cavity, thereby keeping the shaft of the cautér perfectly cool. This canula is represented by No. 6, plate A. It receives water at No. 7, and delivers it at No. 8. After passing around the entire antidote the water emerges through a canula at No. 9, plate A, to which is attached a small gum tube to deliver the water into a basin.

The thermo-antidote is kept supplied with cold water by an Eguisier's irrigator, which when filled requires 25 minutes to discharge its contents. Eguisier's irrigator is represented by plate B, with the thermo-antidote applied to Paquelin's thermo-cautery.

PLATE B




Dr. Wilson has tested his new invention in a number of operations and in each instance, where the operations were prolonged, the radiation of heat was entirely prevented by its use. In his earlier operations his patients had complained of an hundred fold more pain from burns about the vulva and vagina, than from the seat of operation. This effect was now entirely corrected, and he was enabled to use the knives of the thermo-cautery in the deepest cavities, without the slighest injury to surrounding parts.

Dr. Wilson regards Paquelin's thermo-cautery one of the most valuable instruments now in the hands of the surgeon and gynecologist. He was constantly using it for the removal of hæmorrhoids, and in operations upon the uterus and vagina. From considerable experience with the thermo-cautery, Dr. Wilson advises the following precautions: 1st. The benzoine bottle should never be over two-thirds full, and should not be hung to the operator's clothing. It should be held securely in the left hand of a trained assistant, the rubber bag for heating the knife being held in the right hand of the same assistant. 2nd. The blade of the knife should never be heated too hot; a dull red heat is the best, and this redness should not extend

above one-third of the blade. 3rd. In all operations with the thermo-cautery, four assistants are essential, one to administer chloroform, one to work the cautery, one to hand instruments and hold the cautér when the operator desires to be relieved of it, and a fourth to hold Sim's speculum, the only speculum, in Dr. Wilson's opinion, suitable for use in all uterine surgery.

The report of section on Materia Medica was read by Dr. Wm. Lee, of Baltimore. Dr. Lee's paper embraced a review of the following articles of the Materia Medica, Muscarin, Pilocarpin, Erythoxylon, Coca or Cuca, Grindelia Robusta, Indian Bael, Koronika Plant, Pimento, Yerba Santa, Quinquinia and Glycerine.

Some of these drugs had very recently been introduced to the notice of the profession, and Dr. Lee called attention to the therapeutic properties which were claimed for them.

*Dr. Jas. A. Steuart*, Chairman of Section on Sanitary Science, reported from this section by reading an interesting and instructive paper which was designed to set forth the importance of sanitary science and to present such measures of reform as were conducive to the health of cities and state. Dr. Steuart began with the statement that it was the first duty of state and municipality to guard the public health, and that the hands of those charged with this great responsibility must be clothed with authority as well as sustained by the expounders of the law. Sanitary science has made great progress in this country and Great Britain during recent years through the organization of municipal and State Boards of Health, and where means have been provided sanitation has been as successful and methodical in extinguishing disease as water in extinguishing fire. A great work was to be accomplished, for sanitary science, in the education of the great masses of the people. By creating public sentiment in favor of the vital necessity of all hygienic measures, legislation may be facilitated, great works of reform and improvement undertaken and accomplished. It is the duty of the medical profession to encourage and aid in carrying out measures of sanitary reform. A few years past the profession looked with disfavor upon sanitary science, but this prejudice was giving away to a more liberal study and appreciation of preventive medicine.

Dr. Steuart argued in favor of the organization of local Boards of Health, he says every city, town, village, county or district should have its Health Board under the leadership of an energetic and educated physician whose duty it should be to keep records of vital sta-

tistics, as regards place and causes of death, and should report as often as once a year to the State Board of Health. It should be the duty of the State Board to publish annually a report containing a tabular compendium of all that has been reported and observed during the year. Only fourteen states in the union have thus far organized State Boards of Health, yet the work accomplished in these states is sufficient to demonstrate the value of such organizations in promoting the health and comfort of the inhabitants. Thus London and Paris, where sanitary laws are rigidly enforced, we find the cleanliest and healthiest cities of the world. They were wise enough to appreciate that health means wealth, for no city increases in population that is not prosperous. By promoting health the lives of the greatest possible number are preserved, especially is this observed among infants where the highest mortality occurs. Infant mortality is an incalculable loss to the state, both in loss of productive power through loss of labor, and through the loss of reproductive capacity.

Dr. Steuart asks,—How then are we to promote the health and preserve the lives of our millions of population? By the observance of all of the essential conditions of a good sanitary administration, by the education of the millions of people throughout our cities and states in the details of sanitary knowledge. In short observes Dr. Steuart, "if in government there be any end which, next after religion and morality, justifies all rightful and constitutional means, it is the end which is represented by a vigorous, longlived, healthy, moral human beings, which this sanitary administration tends so powerfully to produce."

*Prof. Miles* Chairman of the Section of Anatomy and Physiology, presented a report on the present status of *Cerebral Localisation*, with some remarks on *Cranio-Cerebral Topography*, illustrating his remarks with casts, executed by himself, and diagrams.

Dr. Miles said that the most generally received fact as to cerebral localization, viz; that one side of the brain presided over the movements of the opposite side of the body had been called in question by Brown-Sequard who had collected about two hundred cases of brain lesion in which there was no crossed effect. But most of these cases might be put down to defective observation, and imperfect description, and some are to be explained by Flechsig's discovery of the varying completeness of the decussation of the pyramids, in some cases there being no decussation. It is remarkable that to Hughlings-Jackson we owe the first acquirement in the knowledge of

motor powers in the grey cortex of the brain in man, and he achieved it through pathological observation before physiological experiments had been made in that direction. The first experiments of Hitzig (1870), on the motor functions of the grey matter of the convolutions performed by him on dogs, have been repeated by numerous observers up to the present day, with the advantage of acquired experience, and on animals much higher in the scale, as monkeys. Not a little has been gained by the skill and care which has enabled the experimenters to keep the animals operated on alive for considerable periods, and so in part to solve the question of the permanence of the effects of injuries, or destruction, of the convolutions. Hitzig's results obtained by electrisation of the cortex, viz; contractions of the muscles of the opposite of the body, and his conclusions as to the motor function of the convolutions, have been opposed from various sides.

Schiff endeavored to explain the phenomena by regarding the points of the cortex, the irritation of which caused movements of the opposite limbs and face, as reflex centres, and the movements as reflex acts. But such a view is opposed by the fact that these centres being removed there is a paralysis of the muscles. Goltz regards the paralysis caused by destruction of the motor centres of the cortex as due to an inhibitory influence on the cerebellum, which he looks upon as presiding over all of the muscular movements. He performed experiments to show that destruction of any region of the convolutions produces paralysis. But as pointed out by Hitzig the method of Goltz, (washing away the cerebral matter by means of a stream of water) produced lesions too extensive to give well defined results, and his conclusions are opposed by the experiments of a great number of experimenters.

That the motor phenomena of cortical stimulation by electricity is due to the excitation of the ganglia of the brain by conduction of the electric current to them, is disproved by the fact that the electrodes may be applied much nearer these ganglia than the cortical motor centres without exciting them, if we operate on non motor regions of the cortex in their vicinity.

In spite of discrepancy amongst experimenters as to the exact regions of the convolutions which preside over definite muscular movements, and the doubts raised as to whether it is the grey matter itself which is the starting point of the motor phenomena, we may regard the fact as acquired to science that there is a tolerably definite region of the cortex of the hemispheres which is intimately connected

with the movements of the face and limbs, of the opposite side, the electrical excitement of which causes cordinate contractions and its destruction, a paralysis of the opposite muscles more or less complete and enduring.*

There is considerable variation it is true in the mapping out of the cortical motor centres which preside over groups of muscles, and their difinite movements, but recent researches have furnished a partial explanation of these discrepancies, in the anatomical, and in a greater degree, the physiological asymitry of the two hemispheres in the same individual, while the confusion which has arisen from argueing from lower animals to those higher in the scale has long been recognized.

Flichsig's investigations furnish an anatomical basis for the doctrine of cortical motor centres in as much as they go to show that the pyramidal tracts, the great tracts of volition, take their origin in the gray matter of the convolutions, a fact which appears to be confirmed by the secondary degeneration of these tracts in destructive lesions of the cortex, observed by Flechsig, Charcot and Pitres.

Eulenberg and Landois have shown that in dogs these motor centres, or regions very nearly corresponding to them, when irritated, produce vaso-motor effects in the opposite side of the body, but further investigation is wanted here.

The gray matter of the convolutions cannot be regarded as motor centres in the same absolute sense as the basal ganglia, inasmuch as the paralysis of the muscles caused by their destruction gradually disappears. This indeed has been denied by Hitzig as absolutely true for the dog, and Ferrier holds that in monkies the paralysis is permanent, but the more recent experiments of Luciani and Tamboncini on monkeys, show that Ferrier was led into error on account of the short time the animals he operated on survived. Dr. Miles had seen instances in man in which paralysis caused by limited destruction of the white matter immediately beneath a motor cortical centre (verified by post mortem examination) was recovered from. The paralysis caused by lesions of these centres in man, is often not persistent as when the ganglia are the seat of lesion, but of an intermittent character, a very important fact for diagnosis.

To explain this recovery from the paralysis caused by lesions of the cortical motor centres, we must regard them as "phycho-motor"

*Dr. Miles illustrated the motor region with casts and diagrams.

centres, points through which the will ordinarily acts, and that there are other channels through which the will may learn to act on the basal ganglia.

From the Section on Psychology Dr. J. S. Conrad, chairman, reported by reading a paper entitled, *The Results of Treatment of the Insane.*

*Dr. Conrad* began his paper by remarking that the modern expensive and palatial hospitals for the insane have been the outcome of asylum reports, showing a very large per centage of recoveries, ranging from 60 to 90 and, in one case, 100 per cent. Whilst compared with these exhibits the almshouse care and treatment was shown to realize only 7 per cent. of recoveries. The data upon which such reputed success has been claimed has been shown by indisputable evidence to be fallacious and untruthful, and that the error of the asylum reports consists in counting the cases recovered and not the *persons.* Thus Dr. Pliny Earle, superintendent of a Massachusetts asylum, has enumerated instances of this method of computing the ratio of recoveries. One man was discharged recovered 7 times in 9 years and afterwards committed suicide; another was discharged 14 times, another 26 times, and again a woman was admitted 59 times, and discharged cured, in 29 years and finally died insane. These examples are cited to show the fallacy of asylum reports.

Dr. Conrad remarked that the ratio of recoveries had become the standard of judgement of an institution; as a consequence such a rivalry in the ambition of superintendents to show the greatest number of recoveries. This was the result of the reaction from the old almshouse treatment, or no treatment at all.

The report, of these large per cent. of cures have gradually dwindled down for several years past under the severe criticism of Dr. Earle, and the actual results as illustrated by the yearly accumulation of chronic cases. This reaction is still continuing as the pruning knife of truth is applied.

Thus Dr. Skae, inspector of the insane, for the colony of New Zealand in a report shows the results of the alms house and "wild beast method" of treatment performed in New Zealand, in contrast with the English, Irish and Scotch county and borough asylums. Notwithstanding the deplorable condition in which the insane are treated in this colony Dr. Skae says the ratio of recoveries to admission is 13 per cent. higher than in the Scotch and Irish, and 23 per cent. higher than in England; their death rate 4.4 per cent. being 4.5 per cent. lower than in England.

Dr. Conrad from the report of Dr. Skae was led to make comparisons of our own system and to that end reviews the Reports of the City Alms House, Spring Grove Asylum, and Mount Hope Retreat for the Insane. The comparative results of the institutions are equally surprising as that reported by Dr. Skae. The following table of results of figures taken from the last published reports of these respective institutions as prepared by Dr. Conrad are here given :

| | Bay View. | Spring Grove. | Mount Hope. |
|---|---|---|---|
| Cost of Maintenance per capita, | $69.37 | $214 | Not given. |
| Number of Insane Treated, | 266 | 434 | 445 |
| " " " Admitted, | 86 | 153 | 131 |
| No. of Insane Recov. & Improv. | 77 | 94 | 72 |
| Per cent. of same on Admission, | per ct. 89.5 | 61. | 41. |
| " " " " the whole, | " 28.9 | 21.4 | 16.2 |
| Whole Number of Deaths, | 12 | 34 | 29 |
| Per cent. of Deaths, | 4.5 | 7.8 | 6.5 |

These results in favor of the Bay View Asylum (or Alms House), are more remarkable when it is noted that the physicians of this institution state in their report (page 44), " that we are only permitted to receive or to retain idiots, imbeciles, epileptics, and chronics ; all acute and curable cases are sent to Spring Grove and other special institutions."

Dr. Conrad next shows the sanitary condition of these institutions and the methods of treatment employed. He presents the report of Dr. Chancellor, on public charities, reformatories, prisons, and alms houses, 1877, to illustrate the surroundings and poor comforts of the City Alms House in contrast with the elegance and beauty of Spring Grove Asylum.

In conclusion Dr. Conrad remarks " but for the report of Dr. Skae showing a similar comparative picture in New Zealand, he would be unable to account for such statistic except upon the ground that the report from Bay View was incorrect."

FOURTH DAY.

*Dr. I. D. Thomson* and *Dr, Liebman* from Sections on Psycology read papers on Dipsomania and on Pathology and treatment of General Paresis.

Volunteer papers were read by Drs. I. E. Atkinson, W. J. McDowell, T. Clay Maddux, John Van Bibber and J. R, Uhler.

The following officers were elected for the ensuing year: President, Prof. S. C. Chew, M. D.; Vice Presidents, Drs. H. P. C. Wilson and Jas. A. Steuart; Recording Secretary, Dr. W. G. Regester; Assistant Secretary, Dr. G. Lane Taneyhill; Corresponding Secretary, Dr. J. E. Michael; Treasurer, Dr. Judson Gilman.

## BALTIMORE ACADEMY OF MEDICINE, MEETING HELD MARCH 18th, 1879.

*Dr. Morris* exhibited a white child, three years old, with the following symptoms and history: He has always been restless and has never slept well. He had the whooping-cough last summer, the early stage being characterized by five or six convulsions. This disease yielded to emetics and chloral. An unpleasant train of symptoms followed, which have continued up to the present time. He is in constant motion, getting scarcely any rest or sleep. At times he is violent and breaks any furniture within reach. He evinces a great propensity to butt his head against walls and persons, and to such an extent is this carried, that those who sleep with him have to protect themselves against the blows of his head by fastening pillows to their sides. He will not go to sleep unless he has hold of his father's hair or is pulling and working at his mustache. He has thoroughly wearied out the members of his family, and unless something can be done to quiet him, threatens to break down their health entirely. His mother suffered a premature confinement four weeks ago, in consequence of the annoyance to which she was subjected. He puts his hand to his head and rubs his head very often. He seems to be always unhappy. He can walk, but is entirely unable to articulate words. He is habitually constipated. He recognizes persons and pictures. Up to this time he has given no notice of a desire to evacuate his bladder, but he is beginning now to show some signs by which his desires in this respect are understood. Five weeks ago, on the suggestion of an uncle of the child, a physician living in Texas, circumcision was performed; a temporary improvement seemed to follow, but he soon relapsed into his former state. Dr. Morris at first regarded the condition as due to congenital brain trouble, but has lately had some suspicions of a tumor or abscess. Bromide Potassium in ten grain doses has been used without any effect. The parents of the child are first cousins. The members of the society were asked

as to their opinions of the case, and particularly whether the use of chloral would be justifiable.

*Dr. Miles* thought it was a case of simple microcephalus, and consequent deficient intelligence. On his suggestion the occipito-frontal circumference of the head was measured; it was found to be 18½ inches, which he regarded as below the average. Dr. Miles also called attention to the face, which was placid and not indicative of suffering. Vague movements in such cases are very often suggestive of pain, and are apt to be regarded as indicating the presence of suffering. He thought chloral was indicated in the case, and saw no objection to its use. He had often given ten grains at a dose to a child of 2 or 3 years.

*Dr. Chisolm* found chloral to act like a charm in the case of a child 5 years of age, blind from cerebral causes and suffering great restlessness. In this case other nerve sedatives, as opium and the bromides, could not control the constant screams kept up day and night.

*Dr. Johnston* exhibited specimens of fluids from two juxtaposed cervical congenital cysts, enclosed in one capsule, from a child of two and a half years, and obtained by aspiration. One of these was thin and whitish, and remained so permanently; the other was reddish, rather thin at first, but it coägulated spontaneously in a short time. Microscopical examination established the presence of cholesterin in both fluids, but more abundantly in the pale fluid, which also contained exclusively the 'granulation corpuscles.' These points were of unusual interest because great stress had been laid upon the spontaneous coägulation of the fluid of fibro-cystic tumors of the uterus as diagnostic, and of the presence of 'granulation corpuscles' in an ovarian cyst only, among abdominal tumors. That these corpuscles appear in other cysts is not remarkable, especially in such as arise under similar conditions. They are, however, common in ovarian cysts, and their recognition may lead to a correct diagnosis. Recently Dr. Johnston examined microscopically a specimen of fluid drawn by Dr. H. P. C. Wilson, from an abdominal tumor, and reported an ovarian origin, which opinion Dr. Wilson had previously entertained and confirmed.

Cervical cystic congenital tumors occur most frequently on the left side. In the present instance the tumor was as large as an orange, consisted of two principal cysts associated with several small ones doubtless of the same nature, and their deep attachment made tenta-

tive measures at first proper for decided measures might set up a deep suppuration.

*Dr. H. P. C. Wilson* said, the case just reported was a most interesting one, The immediate proximity of two cysts, developing simultaneously, and yet containing totally different kinds of fluid, was remarkable. One fluid was coagulable, the other not. One contained cells similar to those, which are said to be diagnostic of ovarian tumors, the other not. The discovery of these cells in a cystic tumor of the neck, will weaken greatly the faith in them, as characteristic of cystic tumors of the ovary.

He has never believed that the diagnosis of ovarian disease, could be made with certainty, upon the character of the fluid alone; and has seen mistakes made, where the opinion was founded upon the coagulability of the fluid, and its microscopic appearances.

Dr. Wilson then alluded to the case of an ovarian tumor; in which the woman died fifty-four hours after aspiration, from general peritonitis. He had aspirated her, four weeks previously, to relieve most urgent symptoms, and verify his diagnosis. He drew off four pints of fluid with great relief to the patient. Was satisfied of the malignancy of the tumor and declined to operate. By the second aspiration, he drew off more fluid than by the first, but with the result as above.

He also alluded to the importance of informing all patients to be aspirated, and their friends, that the operation is not unattended with danger. This caution in the above case, saved him from blame.

*Dr. Chisolm* in connection with Dr. Johnston's case, spoke of the trouble sometimes met with during the administration of anæsthetics, and the necessity for fixed views and positive laws for successful guidance. The following case illustrates: A few days ago, a woman, aged 45 was admitted into the Presbyterian Eye and Ear Charity Hospital, suffering from iritis with closed pupils. For several days she had been suffering torture from glaucomatous pressure, with nausea, vomiting, sleeplessness and great prostration. An iridectomy alone could procure relief, and she was too nervous to allow the eye to be touched without an anæsthetic. She was brought under the full influence of chloroform, after having had administered to her a good drink of whiskey. The operation was then commenced, but just as the knife had punctured the cornea her respiration ceased and her face became ashy pale; the pulse however, being still perceptible with dry skin. Her condition was apparently a most alarming one. In accordance with those rules, which experience has proved so valuable, she

was immediately suspended by the feet, with occiput thrown well back so as to offer no impediment to the easy admission of the air into the lungs, and after an anxious watching for 1½ minutes we perceived a slight thoracic movement, and at the end of five minutes respiration was perfectly restored. Although still thoroughly relaxed, a touch of the eye exhibited such extreme reflex irritability that chloroform had to be again administered and the operation was resumed. The knife had transfixed the anterior chamber preparatory to making the corneal section, when respiration altogether ceased. At once the knife was withdrawn and the apparently lifeless body suspended head downwards, the continued although very feeble heart beats indicating the good work, which the whiskey was effecting. In about sixty seconds, we had evidences of returning animation, and in time a strengthening respiratory movement. With the body perfectly limp and perfect unconsciousness the reflex irritability of the conjunctiva put a stop to all operative procedure, until chloroform was, for the third time, administered to complete anæsthesia, and now the operation of iridectomy was successfully carried out, without further mishap.

In this case, it is more than probable, that, if the full dose of whiskey, *to be always used as a preparation for chloroforming adults*, had not been given, he would have had to record his first death from chloroform. His experience now numbers over 10,000 administrations, and no serious accident so far. If there is any fear of the important centres flagging and stimulus be needed (and such is always the case with anæsthetics), there is no bottle half so convenient as the stomach to keep the whiskey in. It is infinitely better in every case, than to have it in a tumbler near the operating table, even if the hypodermic syringe be at hand. A second point is that with chloroform, as well as with ether, the respiration can be stopped before the heart ceases to beat, and that death from either anæsthetic can occur by the lungs as well as by the heart. A third point is that in suspending the patient by the feet, we have the very best means of exciting and sustaining the vital organs, by sending blood, the natural stimulus, to the important nerve centres; and that what would be otherwise very alarming symptoms during anæsthesia, well calculated to frighten terribly the unexperienced, soon disappear when the patient is placed in an inverted position. His hospital assistants are so familiar with these death-like appearances, and their simple means of correction, that instead of rushing about wildly for fans, hypodermics, batteries and what not, they quietly elevate the feet, hanging the head down-

wards with chin pushed back, and confidently await restoration; invariably, one or two minutes produces the desired effect, and the operation can be proceeded with. In his 10,000 cases of chloroform anæsthesia he has never had occasion to administer a single hypodermic of stimulus, which is a very common application with those of his friends who use ether.

A curious effect of chloroform was recently seen in the case of a boy aged 16, with excessive internal squint. He was very small for his age and badly developed. He took chloroform most kindly, a very few whiffs producing sound sleep. When the double tenotomy had been satisfactorily completed, he was removed from the table and placed upon the floor for safety, while Dr. Chisolm proceeded to some other part of the building. In a few minutes a loud thumping was heard, coming from the operating room. The boy was maniacally delirious, and was being held by assistants to prevent him from striking himself against the wall. It was over a half hour before he came out of this violent condition, and was restored to reason. The excitement was attended with intervals of perfect quiet.

Dr. Chisolm also mentioned a case of three heart sounds, the first beat being double, in an eldery lady, to whom chloroform was administered. Under anæsthesia, the double sound became merged into one sharp clear sound, with a perfect heart movement.

*Dr. McKew* reported the further results of the use of pilocarpin, in the case of acute Bright's disease, mentioned at the last meeting. The injections were continued daily, in grain one-third doses with exceedingly satisfactory results up to the 17th instant. The anasarca gradually disappeared from the face, trunk and upper extremities, in the order mentioned. That of the legs began also to diminish. Vomiting and sweating followed the injections as before and in addition singultus was observed, which, however, was stated by the patient to have been present from the beginning of the use of pilocarpin. Infusion of digitalis was added to the other treatment in ʒ ij doses every four hours. Two or three days after this change, the pulse which had before been 130, fell to 96. On the 14th, the temperature before injection was 99°; one and a half hours after, it had fallen to $97\frac{8}{10}°$. On the 16th, before injection, it was $99\frac{8}{10}°$; at the same interval after, $96\frac{6}{10}$. On the 18th, 100° before injection; 98° two hours after. These low temperatures were coincident with profuse perspiration, but the fall in temperature was too great to be ascribed to the sweating alone. By the evening of the 16th the excretion of urine

had increased to ℥ x in twenty-four hours. She slept none during the following night, and on the 17th, was very ill, with a bad cough, pulse 112, respiration 44, temperature 101°. She looked badly and refused nourishment. Physical examination of the heart and lungs revealed no cause there for these symptoms. Five ounces of urine were passed during the day (ten ounces the day before), containing 1.2 per cent. of urea. The anasarca had re-appeared in the arms, chest, and face. The digitalis and injections were discontinued, and brandy in small doses administered. To-day (18th), she is somewhat better, her breathing is less frequent and pulse (this evening) 96, respiration 32, temperature 98°. She has taken some nourishment and has passed ℥ viij of urine in the past twenty-four hours. Dr. McKew does not know to what to attribute the sudden unfavorable change, but does not think it due to toxæmia (*i. e.* uræmia).

NOTE: The patient has since died of pulmonary œdema.

*Dr. Arnold* stated that he had been experimenting recently with pilocarpin on dogs and frogs, and had found it in them to produce a very great reduction in the frequency of the hearts action, as compared with the same animals in health.

E. F. CORDELL, M. D.
Reporting Secretary.

## SELECTIONS.

### COLDEN'S LIEBIG'S LIQUID EXTRACT OF BEEF.

BY WILLIAM ALEX. GREENE, M. D., MACON, GA.

It is impossible to estimate how much is due to improved and skilled Pharmacy of the present day for the increased efficiency of our remedies, especially of that class of remedial agents known as NUTRITIVE TONICS and STIMULANTS. From their action on the digestive organs it would appear that the more nearly Tonic Medicines approximate to the aliment which would be the most easily digested, and the most decidedly nutritious, the greater the influence they would possess. They should never be of a nature to produce any inordinate excitement, for the reaction or exhaustion that would follow upon the stimulus would be more hurtful

than any beneficial influence they could exert. It is a slow, steady and uniform operation that is required; and the greater the delicacy of the constitution for which we are called to prescribe, the more careful must we be in the *quality*, *quantity*, and mode of operation of our food, tonics and stimulants. Colden's LIEBIG'S LIQUID EXTRACT OF BEEF AND TONIC INVIGORATOR is recognized and prescribed by the leading Physicians of the North and in the South as just the remedy to fill all these indications. It is composed of the purest Extract of Beef (Liquid), without any fat, bone or sinew, and after Prof. Liebig's process, together with, and in addition to IRON, the Alkaloids of Cinchona, Gentian, Pure Wines and Aromatics. It is not a Patent or Proprietary Medicine, as all Physicians are furnished with formula if desired. There are many Beef Extracts in the market, but none contain the important and essential properties of *this* preparation, which makes it, at the same time, a nutritive tonic, stimulant and alterative. Since the invention of the "Extract of Meat" by Liebig, there has been much discussion, *pro* and *con*, concerning its physiological action and nutritious value. But the practical uses which have been made of the invention speaks in high favor of its great value and importance; neither have we waited in vain for the experimental demonstration that *this* extract is capable of replacing the valuable nutritous parts of meat. Liebig's Extract consists essentially of two kinds of chemical substances, namely: Mineral Salts, mostly of Potash and extractive matters of meat, and that it is essentially promotive in the formation of the blood and tissues, and exercising also an exciting influence upon the activity of the heart. It may not be uninteresting to be informed that this valuable Liquid Beef Preparation was produced at the solicitation of the German authorities just before the late "Franco-Prussian War," and that it proved of immense service during the severe campaigns of that war, being sufficiently strengthening to sustain the soldiers under circumstances when *solid* food could not be obtained, and in cases among the sick and wounded it proved an unspeakable blessing. To bring results of this valuable *liquid* preparation nearer home, I will state that I have tested its virtues and efficiency in my *private practice* in cases of general

*debility* and *depression* of the *vital* organs, when medicine had proven more than useless; also in cases of Dyspepsia and the multitudinous NERVOUS AFFLICTIONS resulting from it, with complete loss of appetite and constipation of the bowels, and particularly when DELICATE FEMALES, ever the unfortunate subjects of such troubles—often with infants to nourish. I have found it the best remedy I have ever used in *Chronic* Alcholism, when the stomach is always irritable and food required to nourish and invigorate the drooping strength and nervous depression, at the same time appeasing the thirst for more alcohol. This preparation of T. Colden's must not be confounded with the ordinary Liquid Extracts of Beef made by druggists generally, the fault of which is, that they are made from meat which has undergone *Chemical Changes* and rank, as Dr. Newman has remarked only as stimulants. But this preparation submitted to the medical profession is Citrate of Iron, Alkaloids of Chichona Flava, Extract of Gentian with Extract of Beef (Baron Von Liebig process), flavored with aromatics, and is a *stronger* extract than we ever get in drug-stores according to ordinary formulæ. This is a reliable preparation, and supplies a want as an invigorator and *nutritious food* tonic long desired by the profession. Any information or samples cheerfully furnished by addressing

T. COLDEN,
Baltimore, Md.,
or Branch Depot, LIEBIG BEEF EXTRACT CO.,
Newburg, N. Y.

## BOOKS AND PAMPHLETS.

*Health and How to Promote It.*—By RICHARD MCSHERRY, M. D., Professor of Practice of Medicine, University of Maryland. Published by D. Appleton & Co., New York.

This work is a valuable contribution to the literature of an important subject. We commend it earnestly to our readers, who are almost euclusively of the medical profession; but could words of ours reach beyond our own borders, we would with equal earnestness advise the laity to avail themselves of its good counsels.

The territory of hygiene may be regarded as a sort of border-land between health and disease, overlapping to a considerable extent both of the regions adjacent to it.

The resources it supplies are, even in actual sickness, of more value often than strictly medical appliances, which are not always called for; and when they are, may be found entirely inoperative, unless aided by hygienic mearures.

And on the other hand these measures are constantly applicable even in the fullest health, since a large proportion of diseases result from causes perfectly avoidable, if hygienic rules were followed. Hence the justification of placing such books as the one before us in the hands of unprofessional persons. As a rule it is not wise to refer laymen, still less laywomen, whether well or sick, to strictly medical books, which cannot be understood without some special training, and are apt to do harm by appealing to the imagination and suggesting all sorts of possibilities, "gorgons, hydras and chimæras dire."

Every teacher of medicine sees such effects in medical students, many of whom are, so to speak, in a transition stage, a little more than laymen and a good deal less than physicians. Dilatation and hypertrophy, valvular diseases and aneurisms are by turns developed in some members of every class as these subjects come up in the curriculum of practice. Such is often the case too with the *malades imaginaires* not engaged in the study of medicine, but dabbling in medical books in the belief that they can discover and relieve their own diseases.

We may say indeed, modifying the lawyer's adage, that he who treats himself has a fool for his patient. But this does not apply to the study of the rules of hygiene which should guide every life, and are of the greatest value in preventing disease, if they be properly followed. A knowledge of how the system may be affected for good or ill by surrounding influences, and of the nature of these influences, especially in so far as they may be injurious, is a most important point of general education. Its importance increases indeed with the advance of material civilization; for while greater comfort in living and to some degree the prolongation of life attend such advance, yet there are drawbacks from the total amount of improvements introduced, and some elements of danger brought in along with accruing benefits. The systems of water supply and sewerage in all cities are obvious instances of how measures that are sources of vast good may yet have in them capabilities of grievous harm. How to avail one's self of the

better surrounding influences and how to avoid the worse are the lessons contained in the excellent manual before us, and the value of these lessons is enhanced in our estimation by the very charming literary style in which they are conveyed.

Many men of good natural abilities, but with little or no early training, now enter the medical profession, so that in great degree the old traditional alliance between medicine and general learning is broken. *Quantum mutati ab illis ;* but it is refreshing in these degenate days to find the combination of science and letters which these pages afford. We commend the book as the work of an accomplished physician, a clear thinker, and an elegant scholar.

C.

*The National Dispensatory.*—By ALFRED STILLÉ, M. D., LL. D. and JOHN M. MAISCH, PH. D. Published by Henry C. Lea, Philadelphia. For Sale by Cushing & Bailey, Baltimore Md.

This work has been carefully examined with a view of estimating its real worth to the physician and pharmacist. Though we were prepared to judge favorably of its merits from the well recognized ability and learning of its authors, we must confess that the opinion formed before an examination has been greatly strengthened by a perusal of its contents. It is a volume which we can pronounce eminently worthy of the confidence and respect due its distinguished authors.

The entire get up of this Dispensatory shows an amount of labor and skill seldom exhibited by book-makers. The two gentlemen who have performed the task of compiling and arranging the material which forms this volume deserve unqualified praise for the care, pains and accuracy which they have employed in collecting facts, and in presenting full, yet concise information in such shape as to render it available to the reader. As the volume stands, it will fill a place in medical literature which has long existed.

This Dispensatory contains sixteen hundred and twenty-eight closely printed pages with over two hundred illustrations. It presents from the stand-point of to-day a concise but complete discussion of all subjects of practical importance to the physician and pharmacist, condensing in the smallest compass practicable all the details in pharmacology, pharmacy and therapeutics.

In addition to the drugs and pharmaceutical preparations recognized in the American and foreign pharmacopœias notice has been taken of a large number of drugs which are not recognized by any pharmaco-

pœia, but which are often prescribed by the physician or used in domestic practice. In order to make this Dispensatory more complete a Therapeutical Index has been added to enable the inquirer to learn by its means all of the more important medicines that have been employed in the treatment of each disease. In conclusion, we must add that the student of advanced medicine can not safely omit this work from his library, and we would urge each physician to purchase the volume as a most valuable addition to his store of medical literature.

*On the Therapeutic Forces.*—By THOMAS J. MAYO, M. D.; published by Lindsay & Blakiston, Philadelphia, 1878.

This is a volume of 146 closely printed pages, designed to consider the action of medicines in the light of the modern doctrine of the conservation of force. The author espouses the belief that the action of medicines in the animal body is amendable to unchanging laws and that it is our duty to unravel and elucidate these laws. He endeavors in this work to give a brief outline of the principles which underlie the action of some of the most important therapeutic agents in the light of the doctrine of the conservation or persistence of force. The volume is arranged into chapters which treat of the general law of the action of forces on the animal body, of chemical stimulants, mechanical stimulants and narcotics.

The volume is a very readable one and will be found to contain some very interesting facts and theories.

*An Atlas of Human Anatomy*—Illustrating Most of the Ordinary Dissections and Many Not Usually practiced by the Student, Accompanied by an Explanatory Text.—By RICKMAN JOHN GODLEE, M. S., F.R.C.S., Fellow of University College. Part II, Price $2,50. Published by Lindsay & Blakiston.

We took occasion in a previous number of this JOURNAL to review part I, of this atlas. Part II, now before us is but the continuation of this series of most beautiful dissections, which are being issued bi-monthly by this enterprising publishing house. Part II, of this atlas contains four plates, two figures on each plate representing handsome and accurate dissections of the neck and face. These plates are accompanied by an explanatory text and faced by a page of references. We do not know of a more useful atlas for the price, than this.

# MARYLAND MEDICAL JOURNAL.

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T. A. ASHBY, M. D. }

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BALTIMORE, MAY 1st, 1879.


## EDITORIAL.

ORKNEY SPRINGS, SHENANDOAH COUNTY, VIRGINIA.—This is one of the most popular and accessible of the famous Virginia springs, and deserves to be better known and appreciated by the profession. It is situated on the western border of the valley of Virginia, near the North Mountain, and at an elevation of two thousand and three hundred feet above tide-water. There are several valuable springs on the grounds, the most celebrated being the "Bear Wallow." This is a powerful tonic water, with marked purgative and diuretic properties, and is adapted to all conditions of debility, especially when accompanied by inactivity of the bowels. It is particularly to be recommended in all female pelvic disorders. The chief ingredients, found in it, (according to the published analysis of Professor Mallet), are iron sulphate, of which there are five and one-half grains in the gallon, magnesium sulphate, sulphates of *all* the alkalis, traces of iodine, arsenic and copper. There are also a chalybeate, a sulphur, and an alkaline chalybeate spring. The visitor will find in addition cool nights, pure air, abundant shade, fine walks and drives, gay society, sublime scenery and a dry soil. The springs are reached in a few hours from Baltimore and Washington.

COUNTY MEDICAL ASSOCIATION.—We are pleased to announce the organization of the Queen Anne's County Medical Association, composed of the physicians of Queen Anne's County, Maryland.

The first meeting of this association convened in Centreville on the 25th of March. The following officers were elected for the ensuing year: President, Dr. J. A. Holton; first Vice-President, Dr. J. V. Knotts; second Vice-President, Dr. W. H. Denny; Recording Secretary, Dr. Jas. Bordley; Corresponding Secretary, Dr. S. T. Earle; Treasurer, Dr. J. F. Holland.

The following Resolutions were adopted:

*Resolved.*—That the days of meeting shall be first Tuesday of each month—hours from 12 M. to 3 P. M.

*Resolved.*—That these proceedings shall be published in one or more of our county papers, and that a copy of same shall be sent to the MARYLAND MEDICAL JOURNAL for publication.

We wish this new medical association great success and will be pleased from time to time to publish the reports of its meetings.

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BEDFORD ALUM AND IRON SPRINGS WATER AND MASS.—These preparations contain decided curative properties, as they consist chiefly of aluminum, iron, magnesia, calcium, sodium, potassium, manganese and lithia sulphates. After long and careful trial, they have been recommended by many eminent men in the profession as specially valuable in all diseases requiring tonic or alterative treatment. In the December number of the JOURNAL a paper was published from the pen of Dr. J. J. Moorman, who has made a life study of mineral waters, in which he says:

"In various chronic affections of the digestive organs under the generic name of *dyspepsia*, either simple or implicating other organs, and especially, that form of such depravities, known as *gastralgia* or *nervous dyspepsia* such waters constitute a valuable remedy. The same may be said of them in *mesenteric* affections, and particularly in persons old or young, of *scorbutic* tendencies.

By reference to advertisement, on another page, it will be seen that the springs from which this water and mass come, are open for visitors all the year round.

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AT THE MEETING OF THE ACADEMY OF MEDICINE OF THIS CITY HELD APRIL 1ST, 1879, the following resolution was passed:

*Resolved*: That a prize of $100 be offered for the best essay on a medical subject, to be written by a physician residing in the state of Maryland. Each essay to be accompanied by a sealed envelope, containing the name and address of the author, and bearing a motto on

the outside; the same motto to be inscribed on the essay. The prize not to be awarded unless an essay of sufficient merit be presented. Essays to be handed in to the Corresponding Secretary of the Academy, by the first of February, 1880.

B. B. BROWNE, M. D.,
Recording and Corresponding Secretary,
Baltimore Academy of Medicine,
307 Madison Avenue.

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DR. I. EDMONDSON ATKINSON of this city has recently been elected Clinical Professor of Dermatology in the University of Maryland. Dr. Atkinson is the author of a number of valuable papers upon different subjects in dermatology and general medicine, and is well known to the profession as a frequent and able contributor to the medical literature of the past few years. He is an industrious and careful worker, a conscientious and original thinker, and a gentleman who thoroughly commands the respect and confidence of the profession in this city and state.

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DR. LOUIS ELSBERG, of New York, is preparing for the American Laryngological Association a report of what has been published in this country on Laryngology and allied subjects, and desires authors of papers written on the subject of the throat, voice, etc., to furnish him with a copy of the paper. Dr. Elsberg's address is 614 Fifth Avenue, New York City.

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Eighty-first annual meeting of the Medical and Chirurgical Faculty of Maryland, convened in this city on April 8th, and remained in session five days. We publish elsewhere a report of this meeting, which has been prepared with much labor and care, and contains in brief a summary of the more important papers read and work performed by the different sections. A number of excellent volunteer papers were read but, owing to a limited amount of space, a mere announcement of these papers has been made. At another time we may have an opportunity to notice these papers at greater length. Necessarily this report is incomplete, but as it presents a synopsis of the more important contributions, it will serve to give an idea of the amount of work done during the session of the Faculty.

## OBITUARY RECORD.

Dr. Isaac Hays, for over fifty years editor of the American Journal of Medical Sciences, died at his residence in Philadelphia, April 12th. Dr. Hays was born in Philadelphia, July 5th, 1796. He was educated at the University of Pennsylvania, and graduated from the medical department in 1820.

Dr. Hays commenced the editorship of the American Journal of Medical Sciences in 1827, and was the oldest editor in this country. He was a large contributor to the medical literature of his day, and was the author of numerous standard works.

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Dr. George B. Wood died at his home in Philadelphia, Pa., March 30th, 1879, aged 82 years. He was born in New Jersey in 1797. As one of the authors of the "Dispensatory of the United States;" also Work on Practice; also another on Pharmacology and Therapeutics; and also as a Professor for many years in the Medical Department of the University of Pennsylvania, he had gained a well-deserved, world-wide reputation.

Among his bequests was one of $75,000 to the University Hospital in Philadelphia to endow a special ward—to be known as the "Peter Hugu Ward"—named after his father-in law. Another to the Medical Department, consists of a special trust involving an extensive plan of fruit-growing in the southern part of New Jersey.

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## ORIGINAL PAPERS.

# DIPHTHERIA AND ITS RELATION TO MEMBRANOUS CROUP.

BY P. C. WILLIAMS, M. D., BALTIMORE.

I do not propose to enter into an elaborate discussion of Diphtheria—I shall treat it only so far as it is necessary to show its relation to the question before us. Very few men deny the contagion of Diphtheria—I therefore assume its contagiousness.

The next practical question that meets us is one of great importance; upon its solution depends not only our opinion of its nature, but our views of its treatment.

Is Diphtheria primarily a local or a constitutional disease?

Many modern authorities—especially among the Germans—maintain that Diphtheria is at first purely a local disease of the pharynx, or of the air passages, and from these points the poison is absorbed and taints the entire organism.

This theory assumes that Diphtheria is produced by micrococci which find lodgment in the pharynx, or in some portion of the air passages; where, if they are not destroyed, they propagate to such a degree as not only to produce false membranes upon the site of deposit, but also to produce general poisoning, which manifests itself by radical changes in the blood, and all the tissues of the body.

On the other hand many modern authorities maintain that Diphtheria is a blood disease, produced by some poisonous agent acting directly upon the blood, and through that medium causing the multiform symptoms of Diphtheria. According to this theory

the local and other manifestations are an accident of the disease. According to the other theory the local troubles constitute the essential disease, and the long train of constitutional symptoms is secondary and accidental. You see at once, Mr. President, that here we have two irreconcilable theories.—Which is correct?

Permit me to illustrate this question by a few examples. On Friday, January 12th, 1865, I was called to see a boy about six years old—robust, very large for his age—who had never been seriously sick. He had gone to bed the night before in perfect health so far as could be known. At the breakfast table on Friday morning, he complained of being tired and drowsy. He left the table and threw himself upon a lounge and soon fell asleep. After breakfast his mother finding him asleep, carried him to her room to put him to bed. Upon lifting him, she was surprised to find him utterly relaxed, and limp. This frightened her, and she sent for me, I could discover no defined disease. He was simply exhausted by some cause which I could not then ascertain. The next day high fever set in, and the extreme exhaustion continued in spite of stimulants, and such treatment as the circumstances suggested.

I then thought from the high fever and bright redness of the skin, that scarlet fever was impending, and anticipated a malignant attack. The diagnosis was satisfactorily determined on Sunday morning at 2 o'clock, by the appearance of diphtheritic patches on both tonsils. Treatment was changed and made more stimulant than before.

About 3 o'clock Sunday afternoon the symptoms of exhaustion became more marked, and the most painful jactitation began, which became extremely severe. At 6 o'clock the entire surface of the body became mottled with purplish spots, and at 11 o'clock the little patient died exhausted by the extraordinary power of the diphtheritic poison.

Saturday the 14th, the older sister aged 7, a strong, active, healthy child, was sent to her grand-father's to prevent the disturbance of her little sick brother. At her grand-father's she played all day with some little friends, went to bed at 9 o'clock in fine spirits, and apparently in perfect health. At 2 o'clock

that night she was aroused by what seemed to be an attack of cholera morbus—attended with profuse *vomiting and purging*. I was sent for to see her about 9 o'clock Sunday morning. She then seemed better, and complained of nothing but being *tired* and indisposed to get up. I prescribed lime water and creasote, which produced, for the time, decided benefit. Early in the afternoon she suddenly became more depressed and exhausted, but exhibited no other evidence of being ill. She had no pain, no sore throat, no fever, nothing but extreme weakness. This increased until about 8 o'clock, when I was again sent for. The debility increased. Prof. Donaldson was then sent for in consultation with two other physicians, but nothing availed. The little patient became more and more exhausted, and died at 2 o'clock Monday morning—exactly twenty-four hours from the beginning of the attack.

Up to this time, a younger child, a little girl, aged about 3 years, who remained in her parents' house, seemed to be perfectly well. She slept well all night Sunday, and seemed entirely well. About 10 o'clock Monday morning she began to droop, and became very cold, so much so that even her little shoes felt cold to the touch. This coldness persisted in spite of all treatment, until Tuesday morning at 10 o'clock, when convulsions set in, and speedily ended the little patient's suffering.

During Sunday night the father of these children became sick, and the next morning—Monday—exhibited all the symptoms of severe diphtheria, with large diphtheritic deposits in the throat. The father was very ill for some days, but ultimately recovered. Eight days after the death of the last child, her nurse—an Irish woman of excellent constitution, was attacked with severe diphtheria, and was extremely ill for some time. She recovered after a protracted convalescence.

This is a very brief, but correct outline of five cases of diphtheria occurring in the same family—under exactly the same hygienic and other circumstances. It seems to me that they throw a flood of light upon the question under discussion.

The father and the nurse exhibited the symptoms of severe diphtheria, such as we commonly see it in our daily practice.

The children however manifested marked exceptions to the general rule. Had these cases been confined to the two sisters, no one could have been justified in pronouncing a diagnosis. But these cases, as illustrated by the little brother, who was strong enough to resist the poison until the local trouble manifested itself, and also by the father and the nurse, became cases of intense interest. They seem to me to show beyond all question that diphtheria is not primarily a local disease, originating in the deposit of micrococci in the pharynx and air passages, and thence poisoning the blood and the tissues of the body; but that it originates in some mysterious poison of the blood producing profound alterations of all the tissues of the body, and notably of the nervous tissues.

It seems to me that the whole train of symptoms—prodromic and actual—support this idea. In scarlet fever we find that the most malignant and rapidly fatal cases are those in which there are no local manifestations. The patients sink under the violence of the blood poison, before the local changes can be accomplished.

So is it in measles! So is it in small-pox! We seem to find the same law controlling all the acute infectious diseases, especially those attended by eruptions or other local manifestations.

Let us now for a moment look at Oertel's theory, and suppose that diphtheria is caused by the deposit of micrococci in the throat, where it produces a local disease, which is thence propagated throughout the system, unless it is destroyed during its primary attack.

This theory of course demands that in every case the local manifestation must precede and produce the constitutional disturbance.

This theory would establish a certain resemblance between diphtheria and syphilis. As in syphilis you can have no constitutional disease without a chancre! So in diphtheria; there can be no constitutional disturbance without the preceding local disease! It seems to me that this theory need only to be stated to show its fallacy. It is contradicted by our daily clinical experience. 3rd. Why does diphtheria seem to prefer the throat,—

either tonsils, pharynx, or larynx for its local manifestation?

This question is extremely difficult to answer. It would be plain enough could we admit the theory that "Bacteria" were the cause of diphtheria. We then might claim that the Bacteria were inhaled, and would naturally implant themselves upon the most convenient localities—viz: The tonsils, pharynx or nares. The supposition involves very serious objections at the very start.

Were this explanation true, it seems to me inevitable that there could be very few if any cases of diphtheria that would not involve the *larynx*, and all the air passages.

If diphtheria is produced by the inhalation of Bacteria, they must invade the entire respiratory apparatus, involving the bronchial tract.

But, experience does not establish such results! As a matter of fact, diphtheritic effusion in the larynx, and in the bronchial tubes is rare. It should be invariable if the inhalation of Bacteria be the true cause of the disease. We should always find diphtheria manifesting itself in the respiratory apparatus, and thence infecting the entire body.

But we have already seen that many cases of diphtheria are fatal, without manifesting perceptible local lesions in any part of the respiratory organs. This fact is fatal to the theory.

The question still remains—why does diphtheria select the tonsils &c., for its most common local manifestations? I do not think we are yet in possession of sufficient information to justify a reply. There is one fact in this connection that might receive a moment's consideration. We know when diphtheria attacks the human body, that it developes itself on all wounded or excoriated surfaces. So long as the diphtheritic poison exists in the body, its characteristic deposit will appear upon all inflamed surfaces, such as wounds, &c.

May it not happen that the causes producing diphtheria predisposes to tonsillar and pharyngeal inflammations, and thus afford a convenient nidus for diphtheritic deposits? So many children and even adults present tonsillar enlargements and irritation, that it seems natural that they should first become the points of deposit. This is mere conjecture and may be a far-

fetched, erroneous suggestion. Whatever be the explanation, the fact remains that in the majority of cases, the local changes first manifest themselves upon the tonsils, and thence spread throughout the pharynx, the soft palate, the posterior nares, and then the larynx and the air passages generally. Of course wherever it extends, we see substantially the same result—viz: Diphtheritic deposits, more or less decided.

Fortunately according to my own observation diphtheritic deposit in the larynx, and the proportion of deaths from that cause is much smaller than those resulting from inflammation of the lymphatics with its attendant cervical swelling and the rapid blood poisoning which precedes this form of the disease. Where the disease is mild we find the usual deposits on the tonsils, preceded and followed by marked prostration, and a long, tedious convalescence out of all proportion to the slight local disturbance. Should the disease be more severe we find the deposit extending to the pharynx, into the nares, and finally into the larynx. In its more malignant forms, diphtheria proves fatal before time is afforded for any local deposits. In all these various forms there is a preceding period of exhaustion which seems to sustain a direct and invariable proportion to the intensity of the disease. This prodromic exhaustion constitutes, to my mind, one of the most marked characteristics of diphtheria, and becomes a very important factor in determining the question which I propose now to examine—viz: Are laryngeal diphtheria, and membranous croup the same disease?

This question is not, as so many seem to think, a merely theoretical one. On the contrary it is one of deep practical importance. It not only involves the pathology but, what is more important to our patients, the therapeutics of the diseases in question. Of course if the diseases be identical, so must be the treatment!

Is then laryngeal diphtheria identical with membranous croup? It is true that both diseases are attended with deposits of false membrane in the larynx. It is also true that occasionally they seem to co-exist. It may be that a person, during the prodromic stage of diphtheria, takes cold and contracts acute laryn-

gitis, and owing to laws controlling diphtheritic effusion, its deposits take place upon the inflamed surface of the larynx, and changes what would otherwise have been a simple laryngitis, into a laryngeal diphtheria. We sometimes see the same result in scarlet fever, and measles, and I have, in one case, seen it happen in mumps. In all these cases it is oftentimes very difficult to arrive at a clear and satisfactory diagnosis—especially is it so when the larynx is principally involved. Let us return to the question propounded above—viz: Is laryngeal diphtheria identical with membranous croup? To my own mind it is clear that they are not identical. To my mind they differ. 1. In the character of the effused membrane in the two diseases. 2. In the history of the diseases.

1. The membranes differ in character. This would be very clear if Oertel and his confrêres, could establish the truth of their theory of the "bacteric" origin of diphtheria.

Where it true that "bacteria" were found in diphtheritic effusions, and *no where else*, the question would be very simple, and we could speak very emphatically.

It is true that "bacteria" are found in the diphtheritic effusion; it is unfortunately equally true that they exist in other conditions where no diphtheritic complications can be suspected. If we can trust Lionel Beale they are frequently found in the mouth of healthy people. Whether this be true or not, they are certainly found in many suppurative processes entirely independent of diphtheria. Therefore we cannot rely upon the "bacteria" origin of diphtheria.

More than this the membranes differ in their mode of effusion.

In Croup the membrane is formed by a simple organized effusion upon the surface of the mucous membrane.

There is no intimate connection between the croupous effusion and the mucous membrane. The one is simply superimposed upon the other. In diphtheria this is not the case. The diphtheritic membrane is intimately connected with the underlying mucous membrane—they are so closely connected that they are often separated with great difficulty. For this reason we see more or less hemorrhage when the diphtheritic membrane is

detached. We also often find decided destruction of substance produced by the diphtheritic process.

In these respects we see a decided difference in the character of the membranes.

Secondly. The *history* of the diseases is entirely different.

In croup we generally have symptoms of an ordinary hoarse cold. The voice becomes more and more indistinct, and more and more tubal and dry, until finally the voice is entirely obliterated, and you will find the little patient endeavoring to cry, but unable to remit any sound whatever. There is no prodromic stage. The first symptoms that attract attention are those of ordinary cold, attended with fever, hoarseness, and a gradual destruction of the voice, and at last the patient dies asphyxiated by mechanical obstruction of the larynx, and bronchial tubes.

In croup there are no sequela, except those that attend any violent acute inflammation. Finally no one has ever pretended that croup is contagious.

How different from this is the history of diphtheria! I do not here undertake to give the description of diphtheria as found in the books, I simply describe what I have seen and felt for myself. Diphtheria is beyond doubt a contagious disease, ushered in by distinct and well marked prodromic symptoms. We first experience great lassitude; at times extreme prostration, accompanied by *violent headache*, and severe pain in the back and limbs; more or less decided fever, and finally, in the majority of cases, more or less extensive deposit of membrane in the fauces, which may or may not extend into the larynx and bronchial tubes. The deposit of this membrane is frequently attended by great congestion, and swelling of the cervical and maxillary glands. Of course this deposit in the larynx and bronchial tubes produces great hoarseness, but a hoarseness different from the dry, metallic sound of true croup; the voice is muffled, but not entirely destroyed as in croup. These symptoms may increase in violence and the patient dies from the combined influence of asphyxia and asthenia. In many cases—as for instance in two of those quoted in this paper, the patient dies from asthenia alone, and dies before there is time for membraneous deposit. This mode

of death is certainly in striking contrast with that seen in croup.

Then again croup has no marked sequela. While diphtheria generally entails grave and troublesome sequela. We are all familiar with the albuminuria, with the long train of distressing nervous disorders as manifested by neuralgias, by paralysis, by weakness of all the organic functions, notably of the heart, and by the obstinate and profound anemia so invariably observed after all cases of severe diphtheria.

This array of sequela certainly establishes a marked difference in the two diseases. There is also a great difference in the age of patients attacked by the diseases. Croup is almost absolutely restricted to young children while we know that diphtheria attacks all ages and all conditions. I might go on and point out many other differences between the two diseases. But I have said enough to establish a very marked contrast between them. Indeed the *only point in common* is the effusion of false membrane. But even here the difference is decided. The croupal membrane invariably begins in the larynx, *never* in the pharynx. In diphtheria it *begins* in the pharynx, and thence extends to the larynx. In croup the membrane is more fully organized than in diphtheria, and is simply superimposed upon the mucous membrane, without any intermingling of the cells peculiar to each membrane. In diphtheria the union is often very intimate. For this reason in croup the membrane is detached without destruction of the subjacent mucous membrane, while in diphtheria the membrane is generally detached by the destructive process of suppuration.

Thus we see that these diseases differ in the age of the patients attacked—they differ in their contagiousness—in their mode of attach—in their progress—in their prodromic symptoms—in the character and circumstances of the effused membranes—in their sequela, and in their mode of destroying life. And finally they differ most essentially in their appropriate treatment.

If the medical profession is agreed upon anything, it is agreed upon the fact that diphtheria tends to destroy life by *asthenia*; while croup threatens life by mechanical occlusion of the larynx and the bronchial tubes. This fact alone indicates a wide and radical difference in the treatment of the two diseases. Common

sense indicates that in diphtheria everything should be done to prevent death by asthenia. Hence every one agrees upon the propriety of tonic and sustaining treatment. Tonics and nourishment constitute the only raticnal treatment for diphtheria. In croup I am old fashioned enough to believe in the efficacy of the lancet. In many cases I believe that the lancet is the *only remedy*. I might illustrate this by quoting cases in which everything failed but the lancet, and where the lancet was successful under the most discouraging circumstances.

I base the correctness of the indication for the use of the lancet upon two facts, viz: 1. That croup is fatal by mechanical occlusion of the larynx and thus threatens death by asphyxia, and 2. That the membrane of croup is simply superimposed upon the subjacent mucous membrane, which is greatly congested by the inflammation which preceeded and produced the croupal membrane. After this membrane is produced it seems but rational to suppose that the congested condition of the mucous membrane would tend to keep the croupal membranes in contact with each other, and thus produce the fatal asphyxia. Blood letting will certainly reduce, if not remove, the congestion of the subjacent mucous membrane, and thus prevent the close opposition of the croupal membrane, and afford opportunity for the passage of air which will prevent the tendency to asphyxia Whether this explanation of the benefit of the lancet be true or not matters little—the fact will still remain that in acute membranous croup there is no remedy so efficient or so rational as the lancet. In diphtheria I believe that the great and the safest remedy is *alcohol*. The Lancet in croup, and the alcohol in diphtheria are the remedies that have proved most successful in my hands.

# CHRONIC TOBACCO POISONING.

BY A. B. ARNOLD, M. D., PROF. OF CLINICAL MEDICINE AND DISEASES OF THE NERVOUS SYSTEM, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE, MD.

There exists considerable diversity of opinion respecting the effects of the habitual use of tobacco. Exact observations upon this point are still wanting. Those who deprecate even the most moderate indulgence in the 'weed' seem to be influenced by the fact that nicotine is one of the most virulent of vegetable poisons; while others doubt the occurrence of a morbid condition resulting from this practice, because it is not readily recognizable in ordinary cases of smoking, chewing and snuffing. Although it must be admitted that in the great majority of instances these modes of using tobacco are but seldom followed by serious impairment of health, it is, on the other hand, undeniable that certain well marked symptoms arise from the continued consumption of small doses, that deserve to be designated as cases of chronic tobacco poisoning. A brief account of the results obtained by poisoning animals with nicotine, and by watching persons under the influence of dangerous doses of tobacco will show more definitely the morbid tendencies of this noxious agent.

At first there is a short stage of excitement, which is soon succeeded by a deep depression of the nervous system—characterized sometimes by clonic and tonic spasms. This is followed by extreme relaxation of the voluntary muscles, abolition of reflex action and of electric excitability—stupor, insensibility, contraction and finally dilatation of the pupils. The respiration is shallow, and a thoracic constriction is felt. Failure of the heart's action, preceded by a short period of cardiac excitement supervenes, and also griping or crampy pain of the bowels, frequently followed by bloody stools. These symptoms indicate serious implication of the centres of respiration and circulation leading to paralysis; the immediate cause of death being asphyxia.

The novice when indulging in his first cigar, suffers from the

effects of nicotine in a moderate degree, but in no less decided a manner; indeed he closely presents the picture of seasickness. Nausea, giddiness and a sensation of tightness across the chest which soon amounts to dyspnœa, and a kind of pain resembling angina pectoris are the first symptoms. Then ensue extreme pallor of the face, a cold sweat on the forehead, flickering before the eyes, singing in the ears, slight tremors, headache, colicky pains, labored respiration, a small rapid irregular pulse, somnolence, faintness and a feeling of general misery, or of impending dissolution. A copious flow of saliva, vomiting, and frequently free evacuations from the bowels soon give relief. The tolerance of repeated and increasing quantities of tobacco, which is rapidly established is an interesting phenomenon, and explains the apparent immunity from its effects. *Traube experimented with an injection containing one twenty-fourth of a drop of nicotine, and four days afterwards, it required a whole drop to produce effects similar to those of the first dose. One of the most marked symptoms in these experiments was increased muscular excitability, which on larger doses developed tetanic contraction, and muscular tremor. It is impossible to study the effects of nicotine upon the sensorium in animals, but there cannot be a doubt that tobacco exerts a direct influence upon the hemispheres. This is evidenced by the calming or soothing effect which small quantities produce upon the mind; and the occurrence of a species of inebriety that may terminate in stupor and insensibility when excessive quantities are used. The vertigo, and want of coördination of the voluntary muscles must be referred to disturbance of the central ganglia. The implication of the spinal cord is shown by the tremor and tonic spasms; and the interference with the respiration and circulation proceed from the abnormal condition of the medulla oblongata. Claude Bernard has shown that the motor nerves completely lose their electric excitability when large doses of nicotine are given. According to Vulpian and Jullieus, the striped muscles do not appear to be affected, for when their nerves were cut during the stage of paralysis from

*Collection of Clinical Lectures by R. Volkmann.

nicotine, it was still possible to evoke muscular contraction by mechanical stimulants.

The unstriped muscles evince even a greater susceptibility, to the influence of tobacco, than the striped. It is highly probable that the asthmatic symptoms result from spasmodic constriction of the small bronchial tubes; and it is quite certain that the vomiting, the enteralgia, the augmented peristaltic action of the bowels, and occasionally the frequent micturition and uterine colick are due to an increased arterial tension, which has been experimentally demonstrated. It thus appears that the sympathetic ganglia are likewise influenced by the use of tobacco. Robin ascribes the fatal result from nicotine poisoning to the inability of the blood to absorb oxygen, but this can hardly be the correct explanation, for artificial respiration sometimes succeeds in averting death; and furthermore the convulsions and the paralytic condition of the respiratory muscles permit a sufficient interchange of gases.

The action of the heart is eminently influenced by the toxic effect of nicotine, and has for this reason attracted much attention. In very small doses it causes a remarkable slowness of the cardiac impulse which may cease altogether during the diastole. After a short time, when large and sometimes even small doses are used, an increase in the force and frequency of cardiac contractions takes place. This is succeeded by a gradual weakness, retardation and irregularity of the pulsations until they cease entirely; but the heart continues to beat for five or six minutes after the respiration has stopped. Recent pathological experiments have lead to the conclusion that the heart symptoms in nicotine poisoning are due to the disturbed inhibitory function of the vagus nerve, and an abnormal state of the musculo-motor ganglia of the heart.

Some of the secretions are undoubtedly augmented under the influence of nicotine. This is observable in the increased flow of saliva, the more copious discharge of bronchial mucous, and the freer transpiration from the skin.

It is next of importance to consider whether the symptoms characteristic of acute nicotine poisoning are manifested, though

in a far more moderate degree, in the habitual use of tobacco in any of its forms, or from the inhalation of the dust, to which workmen in tobacco establishments are exposed.

From all accounts, it appears that smoking is the readiest way of absorbing the largest amount of nicotine, especially if the smoke be inhaled, as is the fashion among those who use cigarettes.

Chewing is not a very obnoxious mode of indulging in tobacco, for the nicotine is readily dissolved in the saliva, and thus the greater part of it is thrown out with the spittle. According to general experience, it seems that the habit of snuffing is the least injurious mode of using tobacco. The continued irritation of the nasal mucous membrane appears to cause changes in its structure which, in the course of time, prevents the entrance of nicotine into the system. Nor are there any reliable observations, which would confirm the belief in the resulting noxious effects of tobacco inhalation in the preparation of its various fabrics.

There certainly exists an unanimity of opinion among observers, that the prolonged and large consumption of tobacco by smoking, gives rise to unmistakable symptoms of chronic tobacco poisoning. In a number of such published cases, we find particular mention of psychical disturbances, characterized by hebetude, and incapability for sustained mental activity, or an exhibition of unusual timidity, and pusilanimity of conduct. Opthalmological journals report instances of defects and disturbances of vision, which are ascribed to the use of tobacco. Hutchinson in his hospital reports, gives cases of amblyopia from this source, which were accompanied by somnolence, vertigo, and headache. Opthalmoscopic examination detected paleness of the disk, diminished calibre of the arterial branches, and, in advanced cases, atrophy of the optic nerve terminating in complete blindness. Wecker observed restoration of sight in those cases where tobacco-smoking was abandoned, and asserts that the cure was assisted by injections of strychnia in the temporal region, and the application of the interrupted current. Raymond ascribes these cases of amblyopia to the combined effects of

tobacco and alcoholic stimulants. Hyperesthesia of the different sensory nerves is very common, and it is well known that tobacco smokers frequently suffer from neuralgia.

Motor disturbances of every description have been traced to the immoderate use of tobacco, such as muscular weakness, especially of the lower extremities, tremor, ataxic movements, and cramps in different portions of the muscular apparatus.

For the last few years, I myself have been much addicted to smoking, which brought in its train a variety of symptoms of a very unpleasant character. In my case, the effects of tobacco were apt to be felt more particularly when lying down to sleep, consisting for the most part of increased action of the heart, throbbing of the temporal arteries, and flushes of heat over the head and face. But the most troublesome symptom, which, fortunately made its appearance not quite so often, was a choking sensation of an alarming character, though only of a moment's duration. Probably it was caused by spasm of the glottis. Occasionally I was startled, just when drowsiness came over me by a sensation as if some one had given me a hard slap upon the side of the head. At longer intervals I suffered in the morning, while yet in bed, from cramps of the calf of the right leg and in the sole of the foot on the same side. Stretching of the limb, I found, favored the occurrence of these local spasms. Distension of the stomach with flatus was another annoying symptom to which I ascribed the dyspnœa from which I suffered much. It appeared to me, that eructations, which I learned to bring on at any time, very frequently prevented the occurrence of some of the symptoms I have mentioned, especially the sudden onset of the choking sensation. Perhaps the latter phenomenon is a reflex action from gastric irritation. My appetite has never suffered, though I discharge quite a quantity of saliva during the act of smoking. The best reason that I can assign for my belief that these symptoms were caused by tobacco, is the fact, that on abandoning its use I was free from them. Lately I began to smoke cigarettes for the purpose of limiting the quantity of tobacco used; the evil effects of my previous immoderate indulgence are thereby not lessened, which warns me to abandon the habit entirely.

The depressing effect, of the inordinate use of tobacco upon the generative function, is an old observation, indeed it was considered the best antiphrodisiac remedy in the Italian convents of a past age. Wright, Clemens and Foussard recently reported cases of impotency caused by the excessive use of tobacco. The latter author describes a very annoying species of dyspnœa generally occurring in the evening, which is not an infrequent effect of smoking. All accounts agree that disturbances of the heart's action is the most common of all symptoms in chronic tobacco poisoning. Richardson affirms that it aggravates the intermittence of the pulse which results from cardiac trouble.

Retardation of the pulse under the influence of tobacco is probably due to its depressing effects upon the general nervous system. Angina pectoris may also be counted among the occasional effects of tobacco. Colicky pains, and sometimes violent cramps of the intestines may be traced to the same cause.

The popular belief that the use of tobacco leads to dyspepsia, does not seem to be well founded; at least in carefully observed cases of chronic tobacco poisoning indigestion has not been noticed as one of its characteristic features.

Chronic laryngitis is mostly observed among cigarette smokers, and is probably due to the inhalation of the fumes. The question whether the use of the tobacco-pipe may cause cancer of the lips and tongue has recently been again discussed by eminent surgeons. In view of the relative infrequency of this affection, which often locates itself in other parts than the mouth, and further, as persons suffer from cancer of the lips and tongue, who never use tobacco—other factors must be presumed to coöperate in the production of the disease, although the existence of fissures and sores on the lips would commend total abstinence.

Recent investigations respecting the chemical constituents of tobacco fume, confirm the older view of the presence of pure nicotine. It has, however, been ascertained that the nicotine appears mostly in the form of salts, having picoline for their base. Other substances of a similar composition are generated in the act of smoking, which seem to form under the influence of the varying quantity of water in the tabacco, and its mode of com-

bustion. Thus the use of the pipe developes the highly diffusible and narcotic pyridin, while cigar smoking gives rise to larger quantities of colidin.

There exists only one remedy for the cure of chronic tobacco poisoning, but that is so prompt and efficacious that none other is needed. Unfortunately there exists also a very great and frequently an insurmountable prejudice among smokers against its employment. It is the abstinence from tobacco.

## CORRESPONDENCE.

ATLANTA, GA., MAY 10th, 1879.

*Editors of Maryland Medical Journal.*

GENTLEMEN: The city of Atlanta has witnessed during the past week the assemblage of the largest body of scientific men ever gathered within its limits. The selection of Atlanta as the place for the annual meeting of the American Medical Association gave general satisfaction to the profession throughout the country and, at the time, was regarded as an omen of good; a means of uniting discordant elements of the profession with bonds of fraternal feeling and common interest.

The Southern members of the Association regarded it as an era of promise and arranged to make the occasion worthy of its importance.

Decided interest was manifested during the past year in the meeting which has just been brought to a close. The attendance was fully as large as had been anticipated, and the sessions of the association were marked with unusual interest. The hospitable citizens of Atlanta contributed liberally to the entertainment of guests and delegates.

According to notice the convention of American Medical Colleges met in Atlanta on May the 2nd. The venerable and distinguished Prof. S. D. Gross, of Philadelphia, was called to preside over the convention. Prof. Sterling Loveing, of Columbus, Ohio, was elected secretary. Of fifty-nine existing colleges, only twenty-five responded to the call. The medical department of

the University of Maryland was represented in the convention by Prof. L. McLane Tiffany, Dean of the Faculty; the College of Physicians and Surgeons, of Baltimore by Professors E. Lloyd Howard and John S. Lynch. It was stated by Prof. N. S. Davis, of Chicago, that the object of the convention was to ascertain if all the colleges in the country could not be induced to require all medical students to attend three full years, and also to attend three regular annual courses of college instruction. That students should also be required to furnish evidence that they are well educated in ordinary English branches. Dr. Davis said that this point must be settled by the convention.

Upon motion a committee of five was appointed to bring matters before the body in regular form. This committee after due deliberation submitted the following propositions: First. That all medical colleges should require attendance upon three regular courses of lectures during three separate years, before admitting students to become condidates for the degree of M. D.

Second. That the medical colleges should require, before admitting to matriculation, a preliminary examination—such examination to embrace, at least, the elements of the physical sciences in addition to a fair English education. This report was received after considerable discussion, and upon motion was referred to the Association of American Medical Colleges.

The Association of American Medical Colleges, held its third annual meeting on May 3rd. The Vice-President, Dr. N. S. Davis, of Chicago, called the meeting to order, and with beautiful and appropriate words announced the death of Prof. J. B. Biddle, the late President of the Association.

Several amendments to the By-Laws of the association were presented and acted on. The following proposed additional section to the By-Laws was next considered:

Laws.—Additional Section to Article vii of the By-Laws: Every college member and every affiliated college shall print each year a true list of matriculants of the college for the year, and their preceptors, or the names of the colleges at which the matriculants have graduated, in the cases of those matriculants who are graduates, and every such college shall also print a true list of the graduates for the year.

The object of this additional section is to provide that every college member of the Association shall have proper means of information with regard to the matriculants and their preceptors, and the graduates of each college.

This additional clause was adopted by the requisite two-thirds vote—yeas, 13; nays, 1.

The charges against the Louisville Medical School were then read, and decided to be null, as they were not brought in the regular manner, and, moreover, the colleges in question had now so arranged their courses as to be free from the charge of irregularity.

The report of the Committee on Registration of medical colleges in good standing was read. It stated that there were fifty-nine regular medical colleges in the United States, and the grand total of their graduates for 1878, was 2708.

The resolutions referred to the association by the convention of medical colleges were discussed. The first resolution declaring in favor of three regular courses of lectures in three years was received by the association as an amendment to its articles of confederation; under the rules of the association the amendment was tabled till the next session. The second resolution in regard to the question of a standard of matriculation examination was laid upon the table for one year.

It is a subject of much comment, that this effort to advance the cause of a higher medical education has failed, and it is to be regretted that out of fifty-nine colleges in the United States, only twenty-five responded to a call in favor of the adoption of a higher standard of education.

Dr. S. D. Gross, of Philadelphia, was elected President, Dr. N. S. Davis, Vice-President, and Dr. Leartus Connor, of Detroit, Michigan, Secretary and Treasurer.

The next convention, which assembled at Atlanta, was that of The National Board of Health, which met on the 5th. The following are members of this Health Board:

President, Dr. J. L. Cabell, of the University of Virginia; Vice-President, Dr J. S. Billings, Surgeon of the United States Army; Secretary, Dr. T. J. Turner, of the United States Navy.

Members—Dr. S. Smith, of New York; Dr. H. J. Bowditch, of Boston; Dr. R. W. Mitchell, of Memphis; Dr. S. M. Bemiss, of New Orleans; Dr. T. S. Verdi, of Washington; Dr. P. H Bailhache, of the United States Marine Hospital; Dr. H. A. Johnson, of Chicago. Hon. S. F. Phillips, of the Attorney-general's office, is the legal adviser of the Board. There was a full attendance, except Dr. Bowditch and Mr. Phillips. Many distinguished physicians were present by invitation.

Dr. Cabell, of the University of Virginia, President, called the meeting to order and said:

"In behalf of the National Board of Health, I desire to say that in asking a conference with leading sanitarians from various States, we were animated by a sincere desire to have the benefit of the counsel and advice, as well as the sympathy, of all whose studies have led them to the investigation of sanitary questions. The constituting act looks to such a course, for after declaring that the Board shall consist of seven members from civil life and four from the departments of the United States, it goes on to contemplate and direct a general conference with students of sanitary laws and observers of their action in various parts of the country."

The meeting of the first day was restricted to the discussion of the subject of *Maritime Quarantine*, and was opened by Dr. Vanderpoel, of New York. The points discussed were the sanitary history of a vessel in a foreign port, and its sanitary treatment when it arrives from an infected port. Drs. Cleemon, of Philadelphia; Bemiss, of New Orleans; Dowell, of Galveston; Blaine, of Brunswick; and Howard, of Baltimore, took part in the discussion.

Dr. Charles W. Chancellor, of Baltimore, read a paper on "*The Plague*," at the request of the Board. This paper was an inquiry into the history of the plague, with special reference to the proper methods of quarantine against it. Dr. Chancellor took the position that no epidemics, like yellow fever and the plague, are contagious from the person or clothing; that they can only spread when the condition of the air is favorable, and, therefore, there is no reason for a quarantine. The source is in the condition of the cities where the epidemic is to spread.

Among the subjects discussed were: 1.—River transportation (a) How to secure a steamer freedom from infection at New Orleans. (b) How to deal with steamers at ports along the Mississippi and its tributaries. 2.—Railroads (a) Sanitary condition of depots and stations. (b) Quarantine stations on railroads, their position and organization, specific for passenger trains, sleeping cars, car construction, freight trains, construction trains, (c) Mails, (e) Expressage. 3.—System of notification of occurrence of first cases of dangerous diseases, especially of yellow fever. When is it proper to say yellow fever is epidemic in a town?

These subjects, with the exception of the last, which had already been settled by state and local authorities, were ably discussed by different members of the Board. After adopting measures, looking to a more thorough co-operation between the sanitary council of the Mississippi Valley, American Public Health Association and National Board of Health, the convention adjourned to meet at Nashville on the 8th of November. The National Board of Health will hold sessions during the entire summer.

The central point of interest, which attracted large numbers of scientific men to Atlanta, was the occasion of the thirtieth annual meeting of the American Medical Association.

The association met in DeGive's Opera House at 11 a. m., May 6th, 1879. The President, Theophilus Parvin, M. D. LL. D., of Indiana, called the meeting to order. An address of welcome was delivered by Dr. Joseph P. Logan, chairman of the committee of arrangements. The President's address was a most scholarly production, and was received with profound attention. Upon motion the publication committee was instructed to publish five thousand copies of the President's annual address for distribution among the members of the association.

The following resolution was adopted:

*Resolved*, That the American Medical Association earnestly recommends to each and every physician in the United States that he shall furnish such information as is requested by the Superintendent of the Census, and that he shall keep such record of his cases for the year beginning June 1, 1879, as will enable him to make this information accurate and reliable.

A telegram was read from Dr. J. A. Morton, of Columbus, O., announcing that the bill making provision for material for anatomical dissection had passed the Legislature of that State.

On motion the congratulations of the Association were extended to Dr. Morton, who had been mainly instrumental in securing the passage of the law.

The Association took up the report made upon the metric system, by Dr. E. C. SEGUIN, of New York, and adopted the following resolutions:

*Resolved*, 1. That the American Medical Association adopts the international metric system, and will use it in its transactions.

2. Requests that those who present papers at its future meetings employ this system in their communications, or reprints thereof.

3. Requests the medical boards of the hospitals and dispensaries to adopt the metric system in prescribing and recording cases; and that the faculties of the medical and pharmaceutical schools adopt it in their didactic, clinical, or dispensing departments.

4. Requests the physicians familiar with the metric system to help their confrères and the druggists in its application; and the delegates present at this session to work up the acceptance of the metric system by their respective county and state societies.

5. Requests our president to name a metric executive committee, of which he shall be the ex-officio chairman, and whose task will be to give unity and rapidity to this metric movement.

The Committee on Prize Essays submitted the following report: That the prize of one hundred dollars ($100) be awarded to DR. ALLAN MCLANE HAMILTON, of New York City, for an essay on certain forms of primary and secondary (local) degeneration of the lateral columns of the spinal cord, with special reference to an infantile rare form.

Dr. E. C. Seguin, of New York; Dr. L. P. Yandell, of Kentucky; Dr. J. M. Da Costa, of Pennsylvania; Dr. Moses Gunn, of Illinois; and Dr. L. Turnbull and Dr. E Warner, of Paris, were elected as delegates to represent the Association in medical societies in Europe; and Drs. J. C. Hutchinson, of New York, and William Brodie, of Michigan, as delegates to the medical societies in Canada.

The following were elected officers of the Association:

*For President*—Lewis A. Sayre, M.D., of New York.

*For Vice-Presidents: First*—R. Beverly Cole, M.D., of California. *Second*—E. M. Hunt, M.D., of New Jersey. *Third*—H. O. Marcy, M.D., of Massachusetts. *Fourth*—F. Peyre Porcher, M. D., of South Carolina.

*For Treasurer*—Richard J. Dunglison, M.D., of Pennsylvania.

*For Librarian*—William Lee, M.D., of District of Columbia.

*For Committee on Library*—Johnson Eliot, M.D., of District of Columbia.

*Next Place of Meeting*—New York City.

*Time of Meeting*—The first Tuesday in June, 1880.

*For Assistant Secretary*—Walter R. Gillette, M.D., of New York.

The election of Prof. L. A. Sayre, of New York, as President of the Association will, no doubt, be received with great pleasure by his friends and the profession throughout the country.

Dr. Sayre has been a warm and devoted friend to the association, and a regular attendant upon its meetings. He has contributed a number of able papers to its volumes of transactions. Dr. Sayre, as a representative of American Surgery, has honorably won the high distinction which has been conferred upon him by his professional brethren.

The selection of New York as a place for the next meeting of the association will doubtless give satisfaction, though other cities have, perhaps, better claims to this honor. It has been some years since the association convened in Baltimore. Your correspondent understands a movement will be made by the profession in Baltimore, to have the meeting convene in that city in 1881.

The Association of American Medical Editors met on the evening of the 5th. Resolutions were passed declaring that the advertising of patent medicines be considered a violation of the code of ethics. Various propositions were offered, looking to a means of increasing the usefulness of the association.

The following officers were elected for the ensuing year: Dr. Thomas S. Powell, of the *Southern Medical Record*, President. Dr. Frank Woodbury, of the *Boston Medical Journal*, Vice-President.

The members of the Association were handsomely entertained by Dr. T. S. Powell, at his residence.

Your correspondent observed among the delegates from Baltimore, Drs. E. Lloyd Howard, L. McLane Tiffany, John Morris, T. B. Evans, J. S. Lynch, Jos. A. White, T. C. Maddux and others.

Very respectfully,

MEDICUS.

## LARYNGOLOGICAL PERISCOPE.

BY J. H. HARTMAN, M. D., PHYSICIAN TO THE BALTIMORE THROAT DISPENSARY.

### No. IV.

LARYNGEAL CONSUMPTION.—In a very excellent and industrious monograph (*Leipzig, Veit & Co.*, 1879), intended to contribute to the solution of the question, whether *tuberculosis* of the mucous membrane of the larynx and trachea is identical with *consumption* of these parts, or whether the latter disease is but a consequence and further development of catarrhal and inflammatory processes within the air passages, Heinze has collected very careful statistics, and reported very accurate microscopical examinations of a large number of specimens of this disease, his observations being based upon not less than four hundred and seventy-five cases, which were dissected in the P. M. room of the university of Leipzig within a period of nine years.

He begins by contrasting the views of *all* authorities on the question, who differ wonderfully in their opinions from each other, and then passes over to his own observations.

Space unfortunately does not allow us to quote more than a few of the important results he has obtained, but we take this opportunity to recommend strongly the perusal of the pamphlet to all readers interested in the question.

Amongst the most important conclusions, in a statistical point

of view, are the following: Ulcerations within the larynx were observed in 30. 6 per cent., within the trachea 8. 0 per cent. of all the cases of phthisis observed.

Men are more frequently attacked than women. Ulcerations within the larynx are *very* rare in other diseases than in phthisis (syphilis, diphtheria, croup excepted).

The organs more frequently affected besides the lungs in pulmonary phthisis are the intestines (51. 3 per cent.), after that the larynx (30. 6 per cent.)

Ulcerations of larynx and trachea in pulmonary phthisis are more frequently met with in patients between 21 and 30 years of age. They are extremely rare in childhood. There is no certain predisposition to *laryngeal* phthisis in consequence of the patient's occupations; but as a rule, those classes fall ill most frequently with laryngeal affection who are also mostly predisposed for *pulmonary* phthisis. The next part is devoted to the pathology of the disease: *In 94 per cent. of all the cases examined, there were either tubercular processes in larynx and trachea simultaneously, or in either of them alone; in sixty only the tubercular origin of the ulcer could not be demonstrated.*

Tubercular *infiltration* was met with in 52. 5 per cent. of all cases examined (most frequently on the ventricular bands and ary-epiglotic folds, further—in descendant line—on the mucous membrane of the arytenoid cartilages, vocal cords, epiglottis).

Tubercular *ulcers* were found most frequently on the vocal cords (in 81 per cent.); further—in descending line—on the epiglottis (in 53 per cent.); on the arytenoid cartilages (in 46. 9 per cent.); on the ventricular bands (in 28. 5 per cent.); in Morgagni's ventricles, and on the inner surface of the cricoid cartilage (in 24 per cent. together).

There is no connection between these ulcers and cavities in the lungs. Next, the microscopical changes, into the description of which we cannot enter here, are considered (the illustrations which accompany the description are very instructive); and finally, Heinze comes to the conclusion, that although there *may* be found *now*—tubercular ulcers in cases of pulmonary phthisis, their existence is quite accidental and unimportant, whilst the *large*

*destructions of the larynx, which hitherto have been called with the common name of "laryngeal consumption,"* are exclusively due *to tuberculosis of the mucous membrane of the larynx.*

In the last chapter, which treats of the pathogenesis and etiology of the disease, the author comes to the following conclusion: 1. A *primary* tuberculosis of the larynx most probably does not exist. 2. It is *not* possible to conclude from the laryngoscopic appearance of an ulcer *alone*, whether its nature is tubercular or not. 3. A *cure* of the laryngeal tuberculosis will most probably never be obtained. With regard to No. 2, he says, however, that (a) the situation of the ulcers of the epiglottis, ventricular bands, in the ventricles, etc., (b) the simultaneous existence of ulcers on several of these places, (c) the *intensity*, *depth*, and *extension* of the ulceration, (d) its *duration* and *incurability*, will often permit us to diagnose *with a great deal of probability*, the tubercular nature of the process, without having recourse to examination of the lungs, etc.—*London Med. Record, July 15, 1879.*

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Ozæna and a Simple Method of its Treatment.—Gottstein, after having compared the different views of Saurages, König, Fränkel, Michel, Zanfel and Jacobi, regarding the etiology of this affection, states his own ideas. He recognizes the often observed coincidence of anomalous capacity of the nasal cavity with the occurrence of the disease; but he does not look upon this fact as being an important etiological factor for its origin. He considers the latter due to a process of atrophy in the mucous membrane of the part, analogous to that in the pharynx, described as rareficient dry catarrh of the pharynx (pharyngitis sicca) by Wendt in *Ziemssen's Cyclopædia*, and he beleives that ozæna is a "constant symptom of that stage of chronic rhinitis, in which atrophy of the nasal mucous membrane has occurred, and in which, probably in consequence of the destruction of mucous glands, a diminution and alteration of the secretion takes place in such a way that the product of the latter remains, in consequence of its quick drying up, adherent to the mucous membrane, is not removed by the natural forces, and passes over into fetid decomposition."

The remedy which the author recommends consists in the simple occlusion of the diseased part by means of a wad-tampon (the part having generally been cleaned before), which is to remain about twenty-four hours in the nose.

It does not give rise to any troublesome symptoms, the patients feeling, on the contrary, soon very much relieved by it.

One side ought to be occluded only at the time, and the other within the next twenty-four hours, whilst the first remains free during that time.

The author has obtained excellent results on fifteen patients thus treated within a very short time.—*Berl. Klin. Wock.*, No. 37, 1878.

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Extirpation of the Larynx, (New Operation).—Von Bruns relates the case of a shoemaker, aged 54, who, in 1873, began to suffer from pain in his windpipe; this gradually assumed a sharp burning character, and was accompanied by dysphagia, dyspnœa, paroxyms of coughing, and almost complete loss of voice.

When he first came under notice, January 3, 1878, the breathing was laboured and whistling, the voice could be hardly described as an intelligent whisper.

Acute bronchial catarrh was present, and the man could take but little nourishment. An examination with the laryngoscope revealed the presence of an obstructing epithelial carcinoma, in a state of ulceration, filling the whole lumen of the larynx, with the exception of a small irregular opening, through which the air passed.

The carcinomatous nature of the tumor was verified by the microscope. Excision of the whole larynx was decided upon, as affording the patient the best chance of recovery, and, on January 29, the operation was undertaken. An incision was made from the lower jaw to the sternum in the median line, and the deep dissection continued until the hyoid bone, the thyro-hyoid ligament, the thyroid cartilage, and the upper rings of the trachea, were laid bare.

The perichondrium of the thyroid cartilage was raised as far as the cornua, and the neighboring muscles reflected; the same

steps were taken with regard to the cricoid cartilage, and so the entire larynx was fully exposed. The trachea was next opened at its upper rings, and Trendelenberg's tampon inserted. After this the larynx was pulled forward by means of hooks, and dissected out. There was no very great amount of bleeding. The operation occupied forty-five minutes. The patient was in a state of collapse when first placed in bed; this was followed by high fever lasting a week.

On February 1, an ordinary tracheotomy tube was inserted into the windpipe. A fortnight after the operation this was replaced by a thick caoutchouc tube, the patient being able at this time to leave his bed with his general health much improved. In five weeks Gussenbauer's artificial larynx was tried, and with the aid of this instrument, the man soon learnt to speak in an audible falsetto monotone.—*Wiener Medizinische Presse*, Nov. 17, 1878.

Contribution Towards the Study of the Respiratory Troubles in Syphilitic Laryngits.—The following conclusions, drawn by Krishaher from a long series of most instructive cases, which are set forth, after a truly excellent clinical lecture on the etiology, the pathology, the dangers, and the treatment of the respiratory troubles in the different stages of syphilis: 1st.—The syphilitic laryngostenoses show themselves at the most varying period after infection. 2. Their late appearance is not always, but most frequently, a proof of the presence of an advanced stage of syphilis. 3. The lesions which produce laryngostenosis in syphilis are different, according to the sudden or slow appearance of respiratory troubles. 4. The sudden narrowing is almost always due to œdema, which accompanies the different specific manifestations; the slow narrowing is most frequently the consequence of a hypertrophic or luxuriant inflammation; sometimes it is due to cicatricial narrowing, and least frequently to the formation of an osseous tumor. 5. The respiratory accidents are the graver, the closer the causating lesions are found to the tracheal region. Tracheal lesions themselves are most frequently fatal. 6. The slow form of syphilitic laryngostenosis may be complicated by œdema, and suddenly take an acute course. This complication, however, is not frequent. 7. The acute form

of syphilitic laryngostenosis may be successfully and quickly fought by specific treatment, and surgical intervention may be avoided even in cases of apparently imminent asphyxia. 8. The specific treatment must exhibit from the beginning very high doses, and must be continued in gradually diminishing intensity, even after the cessation of the respiratory troubles, in order to avoid recurrences. 9. The slow form gives way to the treatment the more reluctantly, the more insidious and prolonged has been its invasion. 10. The slow norrowing is arrested sometimes spontaneously, and tracheotomy is then not called for; this narrowing, however, never undergoes a spontaneous regressive metamorphosis. 11. If there be, in consequence of cicatricial narrowing, any tendency to obliteration of the larynx, this will take place, whatever might be done; the opening of the air-passages, and the uninterrupted wearing of the canula, are imperiously demanded in this case. 12. The results of the mechanical dilatation of the larynx have not yet received their consecration by time. 13. The syphilitic vegetations of the larynx may be destroyed or removed like other non-specific laryngeal growths. 14. The differential diagnosis between simple and syphilitic vegetations is rather easy; but there are difficulties regarding the differential diagnosis of syphilitic, tuberculous, and carcinomatous neoplasms 15. In all forms of syphilitic stenosis, cough is rare, and pain little marked. 16. The conservation of the voice is compatible with the gravity of the evil. 17. Except the case of growth, the local treatment of syphilitic laryngostenosis is useless. 18. In the overwhelming majority of cases, the choice of treatment is to be made between specific medication and tracheotomy (or laryngotomy). In certain cases both methods will find their employment. These are the important conclusions of Krishaber's paper.—*Gaz. Hebdomadaire, Nos. 45, 46, 47, 1878.*

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Suffocating Goitre; Laryngotomy Between Cricoid and Thyroid Cartilages; Catheterism and Dilatation of the Trachea.—Krishaber records the case of an Englishman, aged 55, living at Rome, who suffered from suffocating goitre. The goitre was multilobular, mostly developed on the left side; it had

grown very quickly, and caused dyspnœa as soon as two months after its appearence. It compressed the lower part of the windpipe, the larynx being intact.

External application of mercury, and iodide of potassium internally, having proved useless, and the respiratory trouble having attained very alarming degrees, suddenly an abscess, which had been formed within the goitre, burst into the trachea, and caused extreme dyspnœa. Krishaber at once cut with the thermo-cautery through the goitre and the crico-thyroid membrane, without losing a drop of blood, and, as even his longest tracheal tube was not sufficiently long to pass through the compressed part, he withdrew its *inner* tube in, inserted an œsophageal tube *through* the outer canula. This was accompanied by considerable difficulty, but when he finally had succeeded in passing it through the narrow space, immediately a torrent of slightly sanguinolent pus flowed out through it, and the impeded respiration became free at once.

There was no subsequent hemorrhage nor any other serious sequela of the operation, the fever was not very considerable, but odynphagia persisted. Gradually larger œsophageal tubes were introduced, and the patient feels now comparatively comfortable. Krishaber intends, however, to restore, if possible, the normal respiration by the natural passages.—*Gazette Med. de Paris, No. 41, 1878.*

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Bucco-Pharyngeal Tuberculosis.—Laboulbène in a late clinical lecture, gives notes of a case of this unusual form of disease, together with the results of the autopsy, some historical account of the affection, and a brief summary of the symptoms presented. During the first period, which passes almost always unperceived, a few grayish granulations can be seen on the bucco-pharyngeal mucous membrane, but there are no other symptoms.

Ulceration begins by the fall of the epithelium, which lays bare the granulation; the stage of pain now begins; the impression of cold air, the contact of wine, of food, movements of the tongue, give rise to pain, sometimes so severe that the patient refuses food. Salivation, sometimes excessive, occurs. There is,

however, no involvement of the salivary or cervical glands.

Later, the patient shows signs of pulmonary, abdominal, or cerebral phthisis.

On examining a case of this kind, one is struck by the fact that the edges of the ulcers are elevated and festooned; some of them, however, are sharply rounded, while others resemble the trail of a worm on a piece of cloth. The former ulcers are old, the latter recent,—a characteristic which is wanting in syphilis. Around these old ulcers is a yellowish patch, composed of tuberculous infiltration, which is pathognomonic. The ulcers last for a greater or less time, but they are curable.

Dr. Laboulbène gives the differential diagnosis between these ulcers and those of the various forms of syphilis, of epithelioma, buccal psoriasis, etc.

The treatment recommended includes such caustics as tincture of iodine, nitrate of silver, perchloride of iron, together with emollient washes. Especial attention must be paid to the patient's general condition.—*La France Médical, Nos. 15, 16.*

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American Laryngological Association.—The American Laryngological Association which was organized at Buffalo, June 3, 1878, will hold its first annual meeting in New York, at Delmonico's, commencing June 10th, and continuing for three days. From the programme which has been received, containing the titles and number of papers to be read and discused before the association, the meeting promises to be one of interest and success.

The profession is cordially invited to attend the meetings.

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Note.—The foregoing report was in type for the May number, but was unavoidably crowded out. Eds.

## REPORTS OF SOCIETIES.

### BALTIMORE ACADEMY OF MEDICINE, MEETING HELD APRIL 1st, 1879.

*Dr. Lee* exhibited an ovarian monolocular cystic tumor, removed March 26th, by Dr. Walter F. Atlee, from a patient aged 19 years. Twenty months ago patient began to feel sore in her left side; six months later abdominal increase was noticeable, and she suffered from morning sickness. Of late her monthly sickness had occurred only every two or three months; otherwise it was natural. Circumference of abdomen at umbilicus was fifty inches. On March 20th, an exploring needle was introduced and fluid withdrawn, which coagulated by heat but not by nitric acid. Dr. Atlee considers this peculiarity indicative of a monolocular ovarian cyst. Dr. Lee was struck with the fact that none of the late improved antiseptic measures were employed during the introduction of the hand in order to break up adhesions; notwithstanding the patient did well after the operation. Carbolic acid was applied to the pedicle after it had been clamped.

*Dr. Chisolm* reported the case of a lady aged fifty, operated on ten days ago for chronic glaucoma. At that time her vision consisted merely in the perception of light. The result of the operation was perfectly satisfactory. From the beginning, however, she had such a dread of becoming blind, that this has led to frightful impressions with loss of reason. Her insanity takes the form of melancholia, and she insists that she is dead. The bandages were removed on yesterday and she had good sight; yet to-day, while the eyes will follow every movement of the hand, she insists she cannot see at all. She is not violent, yet resists the attempt to administer food. There are no symptoms of hysteria. The chambers of the eye are clear, no inflammatory trouble having ensued.

*Dr. Ward* introduced the subject of the influence of the mind on disease, relating several cases in illustration. He thought physicians did not pay sufficient attention to the subject. In many cases mental influence will be found a very valuable therapeutic resource. In many nervous affections judicious mental occupation and bodily exercise are our sheet anchors.

*Dr. J. Carey Thomas* said the quality which we term vital force cannot be determined by dissections, however minute; it is an un-

known quantity, immaterial, non-cognizable to our faculties, and as variable as individuals themselves. It constitutes a great part of personal identity and at critical moments may determine the fate of individuals.

*Dr. Morris* said that fatal cases were common during epidemics of cholera and yellow fever from mental shock and fright, and related cases of this sort observed by him during the yellow fever epidemic at Norfolk.

*Dr. Arnold* acknowledged the powerful influence exerted over the human organism by the emotions, joy, fear, grief, etc., some acting as tonics, others as depressing agents. But they are like two-edged swords, and he did not see how they could be utilized as therapeu tic agents. If they were only manageable they could be employed with benefit in hundreds of cases. But how are we to develope such agents, how maintain their action once set up, how prevent, how check when sufficient effect has been produced? He doubts if we will ever be able to employ them satisfactorily in therapeutics. In all the cases alluded to they were accidentally excited, when not intended.

*Dr. Morris* referred to a case where marked therapeutic results had been accomplished purely through impressions made upon the mind. This was at the Maryland Institute in this city, where upon one occasion a charlatan drew together the sick and afflicted, and many who came on crutches, being unable to walk, went away cured.

*Dr. McSherry* mentioned a case of simulated paraplegia where the patient was utterly helpless and confined to bed, but after certain mysterious passes and veritable poundings were made on her back, was able to walk, and continued to do so for many years subsequently. He also alluded to the number of people at one time cured of nervous maladies by Perkins' metallic tractors. This led some scientific men to prepare imitation-tractors of painted wood, which proved to be equally effective in the treatment of similar cases. In another case, occurring in a London hospital, a patient expressed himself as feeling better after the introduction of a thermometer under the tongue. The hint was taken, and the instrument introduced daily with gradual improvement, and final restoration to health. He cannot doubt not only our ability to act upon the mind, but that it is our duty to do so. Even bread-pills have unquestionably rendered good service with some classes of patients, by impressions made upon the body through the mind.

*Dr. Lee* said there was another side to the picture: a woman has

arrived at the change of life; she comes to a physician's office complaining of all sorts of feelings; a placebo is given, and perhaps a trip to the seaside advised. In other words, impressions on the mind are tried for what are supposed to be imaginary ailments. One day comes a rush of blood to the head and the patient is no more. This is a case of criminal neglect, sure to be followed by poignant remorse in any man susceptible of honorable feelings.

*Dr. McSherry* said he did not mean to imply that all cases, even of mere nervous affections, could be cured by such means as he had alluded to, but that in many instances such agencies could be properly and beneficially used.

*Dr. Arnold* said he did not doubt the truth of the statements made, but was only sceptical as to the possibility of making mental impressions available as a therapeutic resource. A condition of the imagination may be brought about by mental impressions, which may be removed by some powerful mental shock. But such an agent is powerless in the presence of organic lesion, as chronic myelitis, etc. It is not wise to ascribe so much to the imagination; all physicians have to deplore mistakes due to overlooking organic troubles, which were marked by symptoms referable to the mind.

*Dr. Thomas* said the imagination was not all that was concerned in the cases under discussion; worry is a cause of disease. A skillful physician can trace the effects of constant mental irritation, whether in man or woman. A physician does not do his duty unless he appeals in such cases to the patient's judgment, will, and self-control. We must not too readily infer that the ailment is purely imaginary.

*Dr. H. P. C. Wilson* said no amount of "mental therapeutics" alone, will overcome organic disease. Nothing which we can bring to act upon the mind, will restore a retroverted womb, or reduce a subinvoluted uterus. These abnormal conditions of this organ, must be rectified by other means before "mental therapeutics" can be expected to exert any happy influence upon the secondary and reflected troubles which these diseases have produced. The retroverted uterus must be put in its place and retained there, before the pain and paralysis of one or both lower extremities, (which have resulted from the misplaced organ pressing upon the sacral nerves), can be overcome; and even after the pressure upon these nerves has been removed, the effects upon the lower extremities will remain for a long time, unless other means than reduction of the malposition be brought to bear upon the patient. Here is where "mental therapeutics" come

in with most wonderful power, and accomplish what would be hopeless in drugs and nostrums, by the thousand. The limbs are numb. The patient has not walked or stood alone for years. She has lost confidence in herself—confidence in everybody and everything—to place her on her feet from the bed upon which she has been lying for years To coax, to cheer, to threaten, to shock—one or all in turn—judiciously applied, according to the disposition of the patient will often accomplish wonders; but these means would be worse than useless, if employed before rectifying the primary organic disease. To illustrate :—A patient was brought to him some years ago, who had been bedridden for a long time. Her whole nervous system had been shattered by terrible dysmenorrhœa from early girlhood; scarcely recovering from one period before she was overcome by another. She had neither stood up or sat up for years. After he had rectified the dysmenorhœa by an operation, and improved her general health with food and tonics, he was several weeks trying to induce her to sit up for only a few minutes daily, in a comfortable chair. This she maintained was impossible, as she was not able to raise her head from the pillow without fainting. One day he entered her room and told her, that for weeks he had been trying to get her to sit up. He knew she could do it, or he would not insist on it. All he had to say was, that if on his next visit, she was not dressed and sitting in the chair, he would call the porter, and with his assistance, dress and put her in the chair himself. The shock of being subjected to such an indignity was so great, that she burst into tears as he left the room, with the exclamation—"you brute! you brute! you brute." The next day when he called she was dressed, and had been in the chair for two hours. This interesting young lady went on rapidly to improve, by his forcing her from sitting to standing, and from standing to walking; and in a few weeks returned to her home well. He has often heard from her since, and she remains a useful and ornamental member of society. Here surgery and general therapeutics might have done all in their power, but this patient would probably have been bed-ridden for life, but for the aid of "mental therapeutics." He knows of a case similar to the above, at this time, in this city; a young lady who has been bed-ridden for years; who, in a hospital, under the absolute control of her physician, with judicious surgery, proper medication and nutrition, and last but not least, wise "mental therapeutics," could be restored to health and usefulness, with equal success as in the case first mentioned. Such a mighty power as

"mental therapeutics," is invaluable in the hands of a wise physician, who will carefully study the temperament of his patient, and how, where, and when to use it. Too often, however, it is brought into disrepute by applying it for the effects of organic disease, before searching out and rectifying the organ at fault. It will not do to say that a woman is "hysterical," and apply "mental therapeutics," without finding out that she has chronic endometritis, and an eroded cervix, nor to say that she is a "bundle of notions," and give remedies for the mind, when she has a sub-involuted uterus. First, rectify the organic disease. "Mental therapeutics will aid as we go along, and complete the cure at the end.

*Dr. Chisolm* reported the case of a lady aged 71, upon whom an operation for glancomatous trouble had been performed twelve months since. In course of time a sarcomatous cancer showed itself on the anterior surface of the ball, for the removal of which the case came under his observation. He found a fungus protruding from the ball, which was the source of constant haemorrhage of the eyeball. On enucleating the mass and cutting through the tissues, the back of the eye and optic nerve were found perfectly healthy. The eye chambers were full of a growth which had burst through the cornea and had established itself as a cancerous fungus hæmatodes, which protruded from the front of the orbit. The removal was followed by free hæmorrhage, which the usual plugging of the socket did not stop. The application of persulphate of iron on a compress controlled it very promptly, so that not a drop of blood was lost after this dressing.

MEETING HELD APRIL 15TH, 1879.

*Dr. McKew* reported a case of salivation, due to pregnancy, and relieved by belladonna. About eight weeks ago he was consulted by a young lady, two or three months gone in her second pregnancy. She was suffering from excessive and very annoying salivation; she was never without a receptacle for her saliva, whilst the swallowing of so large a quantity produced nausea and indigestion. The only thing he found recommended in the books was chlorate of potash; this was tried in a saturated form, both internally, and as a gargle, with no benefit. The tinct. of belladonna then suggested itself and was given in ♏.x doses, thrice daily. Slight improvement was observable from the beginning. The dose was ordered to be given every four hours, day and night; it did not produce any effect on the pupil, or other unpleasant results. Under this treatment the patient rapidly improved, and in four—five days the salivation entirely ceased, to

recur, however, on discontinuing the belladonna. The administration of it was resumed, and continued for three weeks, when salivation gradually diminished, and finally disappeared not to return again. This symptom is not a very common, but yet an annoying one in pregnancy, and there seems great want of a reliable drug for its relief. Should the same agent be found to produce similar results in other cases of this nature, it establishes a most important fact in therapeutics. Dr. McKew regards the minute doses of belladonna, recommended by Ringer as useless.

*Dr. Uhler* stated that the same remedy had been recommended a year or two ago for mercurial salivation.

During the last summer, Dr. Uhler had employed belladonna in two cases of cholera infantum, characterized by green stools. The latter are attributed by Simon to the saliva acting on the contents of the intestines. The belladonna was employed with the purpose of diminishing the amount of saliva and epithelium, and thus preventing these as far as possible from entering the stomach. Sufficient was given to dilate the pupils. The result was satisfactory, and both patients recovered. Opiates and other remedies had previously been employed without benefit.

*Dr. Browne* remarked that the use of belladonna in the salivation of pregnancy was first brought to the notice of the profession by Dr. Bartholow some three or four years ago, since which time it has become a remedy much used in New York, both for the salivation and vomiting of pregnancy. About two years ago he had, under his care, a lady in the fifth month of pregnancy, who suffered from profuse and distressing salivation, the saliva running from her mouth during the day and saturating her pillow at night. In this case Belladonna had no effect whatever, and all other remedies equally failed to give relief; finally, about the seventh month, she was completely relieved by taking ʒ ss doses of Fl. Ext. Viburnum Prunifolium every three hours. This case was reported in the Maryland Medical Journal, February, 1878, in a paper on Viburnum Prunifolium. As to the modus operandi, we know that the Viburnum is a uterine sedative, and we may suppose it to act in the case cited by relieving the irritation, upon which the excessive gland action depends.

*Dr. Williams* had met with two cases like Dr. McKew's in the last four years. They were characterized by excessive secretion of saliva (amounting to at least two quarts a day), great thirst, and by continuing in spite of various remedies, (including belladonna, which was

pushed to the farthest limit deemed safe), until the birth of the child. The saliva had a peculiar, somewhat musty odor. In one of the cases the fœtus died at 4th month, and was expelled at 9th, looking as it would, had it been immersed in alcohol during the interval. Dr. W. stated that he had been testing the value of belladonna as a prophylactic to scarlatina upon a different principle from that heretofore advised, and with exceedingly gratifying results. Instead of the homœopathic doses which he had hitherto, in accordance with the general usage employed, he gave it twice daily in quantities sufficient to cause, after each dose, dilatation of the pupils and decided redness of the skin. Twenty-seven cases were recalled in which the protection was, without exception, complete.

*Dr. Donaldson* stated that he had lost confidence in the protecting influence of belladonna, because he had seen children take scarlatina whilst under the physiological effects of the drug. During his attendance at the Adelphiad Orphan Asylum, the disease was introduced among the 130 inmates, aged from five to fourteen years, and but forty of this number took it, the other ninety remaining exempt, although no belladonna was given.

*Dr. McKew* said that among the poorer families in his practice, where, owing to the small number of rooms in the dwellings, the impossibility of isolation and other causes, exposure to infection was very great, it was by no means unusual to find a single case occurring in families having a large number of children; and still more common to find several children remaining free from scarlet fever, two or more having acquired the disease. He does not use belladonna as a prophylactic, because the constant occurrence of facts, such as above stated, makes it impossible to accurately appreciate the value of the drug. Moreover, as the danger of infection is extended over such a very long period, the propriety of keeping children so long under belladonna, particularly to the extent mentioned by Dr. Williams, would be difficult—to say no more.

*Dr. Murdoch* had tested the value of belladonna as a prophylactic at the House of Refuge during an epidemic. It was administered to about 300 children, but without any apparent effect. It was not given in doses sufficient to produce dilatation of the pupils or redness of the skin.

*Dr. McKew* said, with reference to its contagiousness, that he meets many adults who have never had the disease. On interrogating the members of the Academy, six of the eighteen present said they

knew of their having had the disease. He regarded this fact, of only one out of three persons, and they unusually exposed, having had scarlatina, as a very strong point against its being so very contagious as thought by some.

*Dr. Chew* said that the fullest resumé of this subject, which has been so often discussed, was made about thirty years ago by Porcher, of South Carolina. In his summing up, he says that "physicians who neglect to use belladonna during the prevalence of scarlatina violate a sacred obligation." It is also recommended by Drs. Meigs and Pepper and Stillé. The following case was related: A prominent physician in New York had nine children. Five times scarlatina appeared amongst them. Immediately on its appearance, all the unaffected children were put upon belladonna, and the result was that on every one of the five occasions, the disease was limited to one child.

*Dr. Miles* said such cases as that reported by Dr. Chew were not absolutely convincing; he has known of similar occurrences. On the other hand, he has seen a most violent case occur in a family without extending. In the family of Dr. Alan P. Smith, it was confined to one child.

*Dr. Chew* remarked that the contagium of scarlatina is peculiarly capricious, thus differing from that of small-pox and measles.

*Dr. Winslow* said that he was absolutely certain that scarlatina occurs without contagion. He saw many proofs of this in the narrow necks of land along the course of the rivers flowing into Albemarle Sound. Every six or eight years the disease appears de novo in these isolated localities, and spreads thence over the adjacent country. Then nothing more will be seen or heard of it for several years. Recently he met with a case where two children slept together; one of them awoke one morning covered thickly with the scarlatinous eruption. The other escaped.

*Dr. Ward* said, that in his own household, two of his children and two colored children had scarlatina simultaneously, in a very mild form. His oldest child showed not the slightest indisposition, although mingling freely with the others. One afternoon, when the four were convalescent, she went to a menagerie, on entering which, she was so badly frightened by the animals that she had to be taken home immediately. At twelve o'clock the following night she exhibited well marked scarlatina, which proved very serious and nearly fatal. He thought the nervous shock due to the fright was the exciting cause without which the child would probably have escaped. He suggested

the advisability in scarlatina epidemics of restricting the diet and carefully protecting children from all injurious influences.

*Dr. Chew* said that it was perfectly certain that belladonna may be given without harm; hence, if there be but one chance in ten thousand of warding off the disease, why not give the patient the benefit of it?

*Dr. Cordell* pointed out two considerations bearing upon this question: First—young infants are not liable, under any circumstances, to contract the disease, and those under three months are said to be completely insusceptible to it. Second—children require very large doses of belladonna in comparison with adults; for instance, Farquharson states that he has given ℥ iss ij of the English tincture, (equal to ♏ xxxvj—xlviij of American) in nocturnal incontinence of urine.

*Dr. Chisolm* said that he uses nearly daily a four grain solution of atropia for the eye in the youngest infants. Dr. C. reported the use of nitrate of pilocarpin hypodermically in a case of traumatic iritis. It caused profuse sweating and relieved the pain and inflammation very promptly. The dose employed was gr. $\frac{1}{8}$th. The iritis resulted from the extraction of a cataract. Dr. C. also cited a case of urticaria, occurring on the helix border of each ear in a young lady, aged fifteen, otherwise free from any evidences of disease, and asked what nerve centre was affected in explanation of the singular bilateral symmetry exhibited by this curiously limited disease.

*Dr. Arnold* suggested some derangement of trophic nerves, originating very probably in disturbance at the trophic nerve centre. We do not know yet where to locate the latter.

*Dr. McKew* thought the unusual prevalence lately of urticaria was to be ascribed to the large use made of fish, especially shell-fish, in connection with the season of lent. Much has been said lately as to quinine causing urticaria; he, on the contrary, employs quinine in its cure, in some rebellious cases adding arsenic.

*Dr. Johnston* exhibited a new clinical thermometer, manufactured by Meyer & Melzer, in which the figures are magnified by the glass.

### MEETING HELD MAY 6TH, 1879.

*Dr. McKew* said the following case had fallen under his observation since the last meeting, and as it had some bearing upon the question then discussed of prophylaxis in scarlatina, he reported it. The patient was a boy, the son of laboring people, living in a small house. There were six or seven children in the family. Owing to the circumstances named isolation was impossible. A brother of the patient

had had anginose scarlatina, and under the impression that the patient had it, as he had been in the same bed with his brother who was in the third day of scarlet fever, the mother sent for Dr. McKew. He found, however, not scarlatina but urticaria with subacute rheumatism (the child had had rheumatism with cardiac complication one year before). The mother stated that he had been sick since the morning of the previous day, the rash appearing on the same evening. There was no trace of scarlatina whatever about the child, nor although he was allowed to remain in the same bed with his brother for at least a week, has any such appeared in him, nor did any other of the children receive the contagion, although three weeks have elapsed since that time. This case illustrates the great immunity from the disease enjoyed by many, and shows the difficulty of calculating the value of supposed prophylactics.

Another case was reported of a boy aged two years, in a well-to-do family, who was subject to catarrh of the bowels and bronchial tubes. He was taken ill about February 23rd, with severe bronchitis, accompanied by profuse bronchial secretion and diarrhœa. He had improved sufficiently to be allowed to change from one room to another, when, on the 23rd of March, his brother was seized with scarlatina in a severe form. He was isolated with great care, being kept in a room in the back part of the house; his nurse was not allowed to go near the scarlatinous patient, and his mother took a bath and a walk before going in to see him. On April 20th, pallor and puffiness of the face were noticed, together with slight œdema about the malleoli and dorsal surface of the feet. There had been, up to this time, no sore throat, no desquamation, in fact, no scarlatinal manifestations whatever; Dr. McKew was positive in this statement. His skin had been inuncted daily with cod-liver oil, and had there been the slightest desquamation, it would certainly have been observed. The urine, on examination, contained a large proportion of albumen and numerous tube-casts. The patient is doing well; the brother has died of secondary peritonitis.

*Dr. Thomas* alluded to the case of suppuration of the kidney in a girl, reported at a previous meeting (see MARYLAND MEDICAL JOURNAL for Jan., 1879), as following swollen cervical glands and albuminuria, and supposed to depend upon an unrecognized scarlatina —to say that the symptom of desquamation around the insertion of the nails then pointed out by Dr. Howard as being strongly diagnostic of past scarlatina had occurred in the case alluded to subsequent

to his report. The desquamation was limited lo the points named.

*Dr. Arnold* reported two cases of uræmic convulsions, accompanied by anasarca, and depending upon pregnancy. Such cases he remarked, are common enough and these are only referred to on account of the mode of treatment, which proved successful, and is perhaps capable of throwing some light upon the question, whether the symptoms depend upon the uræmic poison, or upon œdema of the brain.

1. Convulsions came on during labor, the patient being extremely anasarcous. The patient had had no fits before, otherwise her previous history was unknown. She had been unconscious for eighteen hours. She was immediately bled to the amount of two pints of blood. She made a good recovery and had no more convulsions.

2. A primipara, eight months gone, and extremely anasarcous. She was seized with most violent headache, vertigo, and incessant vomiting followed by coma. Dr. Arnold was called in after the convulsions had begun. He found the urine loaded with albumen and a larger number of tube-casts than he had ever seen in any specimen before. She had already been treated freely with chloroform and bromide of potassium. He bled her to Oiss. There was no return of the spasm after this. Two and a half hours after the bleeding, she recovered consciousness, and has had no further trouble since, although the albumen and tube-casts are still found in her urine. Dr. Arnold thought the prompt effects of the bleeding in these cases makes it much more reasonable to suppose, as Traube does, that the convulsions were due to œdema of the brain; for it is hard to conceive how the symptoms could yield so rapidly after venesection, if this had depended on uræmic poisoning alone.

*Dr. Chisolm* reported:

1.—A case of fatal tetanus resulting from enucleation of an eye affected with malignant disease. The patient was a lady, aged 71 years. There was more bleeding after the operation than usual, and persulphate of iron was employed to check it, which acted very promptly and efficiently. The ordinary amount of suppuration followed. The patient had been discharged from professional care and suppuration had entirely ceased, when she began to complain of soreness of the throat, which was followed in two days by tightening of the jaws, so that she could not chew, but had to use liquid diet. The symptoms gradually grew more

marked, until, at the end of a week, tetanus, with opisthotonos, was thoroughly developed, and death occurred on the same day, twenty-two days after the enucleation. The contractions were limited to one side of the jaws, at first, the side corresponding to the eye operated on. The abdomen was soft, and skin dry; the only symptom up to the last day was the locked jaw. On the last day the tetanic spasms became marked, with the characteristic tight feeling around the chest. It was the first fatal case resulting from enucleation that Dr. C. had seen or heard of.

2.—Many years since Dr. C. had a case of a child born with a large eye. When it had grown to the age of twenty, the eye, being immensely developed—nearly three inches in diameter—was removed by enucleation. Hæmorrhage in this case followed the operation after a week's interval, which, having exhausted all other means, was only arrested by ligature of the carotid. This patient died of tetanus attributed to the operation of ligation.

3.—A man aged twenty-eight who had been blind for four years from glancoma. The optic disks, on ophthalmoscopic examination, appeared deeply pitted, and the vessels running over them were nearly obliterated. Glancoma is rare at such an early age. The family history exhibited the remarkable fact that his mother, grandfather and great grandmother were all blind from the same disease.

4.—A girl aged eight years, suffering with a lachrymal fistula. This is rare in children, and in this case had a very singular origin. When she was three days old her brother carried a pet chicken into the bed where she lay, which picked her face; a lachrymal abscess resulted, terminating in the fistula.

5.—A child born apparently without eyes. On separating the lids, which were well formed, two stumps of balls came in view. The case is of interest, as showing that inflammation of the eyes may occur in the womb.

6.—A cataract extraction in a woman weighing upwards of three hundred pounds. There was unusual trouble in connection with the operation as the ant. chamber became filled with blood which was removed with great difficulty. Her excessive plethora explained this troublesome complication. In spite of much

handling of the eye, the case has proved so satisfactory that at the end of two weeks she could read ordinary book print. The case was kept constantly under the influence of opium during the treatment, and inflammation, which was much feared, was in this way kept off.

EUGENE F. CORDELL, M. D.,
REPORTING SECRETARY.

## MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

APRIL 9TH, 1879—320TH MEETING.

*Dr. Arnold* spoke of a case of eight months pregnancy; patient has had several convulsions; urine examined and found to contain about fifty per cent. albumen. The membranes were ruptured and patient was delivered of a healthy child about two hours afterwards. Patient was bled, but it did not control the convulsions.

*Dr. Morris* agreed with Dr. Arnold in the treatment, and spoke of a case of same kind, patient died, and he was asked by the friends the cause of death, and did not give any reasons; as he had not seen the patient in life.

*D. Cathell* spoke of an eight months pregnancy with convulsions in which child was expelled when the mother was unconscious. Her urine was examined, and contained about fifty per cent. of albumen. After delivering convulsions ceased and albumen disappeared up to fourth day, but it returned, and patient died on eight day. He thinks there was Bright's disease.

*Dr. Brinton* spoke of a similar case to Dr. Arnold's.

*Dr. Monmonier* spoke of a case of leaky urethra, and does not think favorably of internal medication in these cases.

*Dr. Morris* then opened the regular discussion, *The Uses and Abuses of the Thermometer*, and thinks the modern practitioner depends too much on this instrument. He thinks it a valuable intrument in diseases of children. He spoke of the differences in scarlatina and rubeola also the value of thermometer in diagnosing whooping cough, and when it cannot be placed in mouth or axilla place it over the liver. He said he has had but little satisfaction in the auscultation of children.

He said the temperature falls in pulmonary troubles as soon as the expectoration appears and asked the society the time necessary to

take the temperature. He then spoke of the use of quinine for reduction of temperature, and thinks if there was more cold water and less quinine it would be better. *Dr. Atkinson* said he would not be without a thermometer. *Dr. Arnold* thinks the pulse too often neglected by the use of the thermometer. Subject was also discussed by Dr. Monmonier.

The following gentlemen were appointed delegates to National Medical Convention, at Atlanta, Georgia: Drs. Evans, Morris, White, Manning, Atkinson, Coskery, Caldwell and Scarff.

APRIL 16TH, 1879—321ST REGULAR MEETING.

*Dr. Scarff* read a paper of four cases of *Obstinate Vomiting in Pregnancy*, which he had treated successfully with chloral hydrate by the rectum.

*Dr. Bates* related a case which was supposed by a quack as cancer of the breast. The patient died four days afterward. Dr. Bates had seen patient and gave a certificate of septicemia as cause of death.

*Dr. Monmonier* related a case of congestion of lungs in which he had put on about twenty cups, and could obtain only about ℥ ij of blood, and asked if drinking could produce this state of congestion. Patient having been drinking.

*Dr. Morris* thought death of the patient was due to the fusil oil in the liquor, and that would produce the congestion.

*Dr. Evans* not being present, there was no discussion on the appointed subject.

322ND MEETING.

*Dr. Arnold* spoke of pneumonia and thinks it more of a blood poisoning than an inflammation and that the deposit found in lung is not an inflammatory deposit, especially in the adynamic forms, and thinks a supportive and stimulative the proper treatment in adynamic forms.

*Dr. Monmonier* spoke of a case which he had treated as recommended by Dr. Arnold.

*Dr. Groesbeck* read a paper on *Capital Punishment.* He spoke of the origin of this punishment. He related the three forms of this punishment viz: Hanging, Decapitation and Shooting. He described the mode of death and the cause of death in the first two forms. He spoke of chloroform as a modified form of Capital Punishment.

APRIL 30TH, 1879—323RD MEETING.

*Dr. Monmonier* spoke of a case in which he gave chloroform in

sitting posture—respiration almost ceased—heart and pulse normal and he resorted to artificial respiration, and as soon as he stopped it ceased. He had the patient pinched on the thighs, and respiration became about normal.

*Dr. Reynolds* asked for the results of members of society in hypodermic use of ergot in hemorrhoids. Dr. Monmonier prefers use of carbolic acid.

*Dr. Caldwell* spoke of a case of atrophied fingers and has no use of hands, no pain.

*Dr, Hamil* spoke of a case of a tumor weighing 146 pounds, reported in *American Journal of Obstetrics*. Dr. Morris spoke of similar case occuring in Baltimore, which disappeared on treatment of mur. amon. grs. x ter die.

THOS. J. WARD, M. D.,
Recording Secretary.

## BOOKS AND PAMPHLETS.

*The Principles and Practice of Gynecology*.—By THOMAS ADDIS EMMET, M. D., Surgeon to the Women's Hospital of the State of New York, etc. With One Hundred and Thirty Illustrations. Philadelphia, Henry C. Lea, 1879, pp. 855.

For the past two years it has been known among members of the profession, paying special attention to Diseases of Women, that Dr. Thomas Addis Emmet was preparing a work on Gynecology; and for the past six months they have been anxiously awaiting its appearance, knowing that it would embrace the experience and teachings of one who has had the largest amount of clinical advantage of any Gynecologist in this or any other country.

The work is now before us, and proves without doubt that Dr. Emmet, although a specialist in the strictest acceptation of the term, is also a general practitioner of accomplishment and ability; he brings everything to bear in the treatment of his cases, both in regard to surgical appliances, preparatory treatment, after treatment, hygienic measures, careful and systematic attention of trained nurses, and in fact, the minutest details are not too insignificant to claim his attention.

Many of the views and opinions of the author, on the various subjects treated of, have heretofore been published by him in his work on Vesico-Vaginal Fistula, and in his contributions to the various medical journals, and are therefore somewhat familiar to those who have kept fairly abreast of the Gynecological literature of the past ten years, especially to those who have had the opportunity of being present at his clinics, at the Women's Hospital.

Throughout the book he has evidently endeavored to hold, as 't were, "the mirror up to nature;" so that the picture may be recognized at the bedside.

Chapter 1. Is on the Relations of Climate, Education, and Social Conditions to Development.

Chapters 2 and 3. Are devoted to a description of "Instruments used in Examinations" and "Surgical Instruments and Appliances." He condemns the use of cylindrical specula as well as all the modifications of Cusco's instrument, all of these valvular specula by expanding and stretching the upper portion of the vagina tend to displace the uterus, and frequently cause retroversion and prolapse, from repeated use—besides they are perfectly useless in detecting lacerations of the cervix, and for all surgical procedures. He advises all members of the profession, who are not too old or too set in their ways, to confine themselves to the exclusive use of Sims' Speculum, if they wish to hold a position in the advance.

Chapter 4. Contains a form for a Record of Cases; mode of examination, digital and with speculum—on the use of the probe, he says, there are two conditions always to be borne in mind, *be satisfied beforehand that neither pregnancy or cellulitis exists.* "As to the first of these conditions, we may be in doubt, and must, therefore, defer the examination until such doubt is removed; but to overlook the existence of cellulitis is culpable."

Chapter 5. Is on the causes of disease, reflex, and direct. Faulty nutrition acquired after puberty is discussed at some length.

His views in regard to congestion and inflammation of the uterus, and the so called ulceration of cervix are entirely at variance with those held by most of the profession. He says "we may look in vain, after death, for any evidence of an existing *endometritis* or *ulceration*

*of the cervix* for neither of these are inflammatory conditions;" "inflammation of the uterus body never occurs except after parturition, and those conditions which are commonly held to be the direct results of inflammation are due wholly to obstructed circulation in the organ," and to the stagnation of nervous blood in the pelvic cellular tissue, which is much more freely supplied with blood-vessels than the uterus itself.

In regard to epithelioma, however, he claims that it is developed in women, who have been unusually healthy, and who have given birth to a large number of children, he has never seen this disease occur in the sterile female, and he believes that the exciting cause may be traced to a local irritation, set up in consequence of injury resulting from childbirth, most likely from *laceration of the cervix.*

Chapter 7. Contains the author's views in regard to the effects of prolonged injections of *hot water* in the local treatment of all uterine diseases, and as a powerful styptic.

Chapter 8. Is on the principles of treatment for different displacements. Particular attention is directed to the importance of recognizing the *normal health line*, for just in proportion as the uterus is elevated above this health line, we will have the same effect produced as existed when it was in a state of prolapse, this is the reason why, after fitting an instrument, the uterus is often found to have increased instead of being diminished in size; and another result will also be observed, as an effect of obstructing the circulation, namely that the leucorrhœa and discharge from the uterine canal will increase, and an erosion soon form on the cervix where it had not previously existed.

Dr. Emmet condemns the practice so common among some members of the profession of applying *Nitrate of Silver* to erosions of the cervix, these erosions, or chronic inflammation and ulceration of the uterus as they are sometimes called, no one has yet been able to demonstrate on the dead body; they are generally healed by the application of the lunar caustic, but they return again and again unless the primary cause is removed, if the treatment is continued, every mucous follicle may be destroyed and tissues become cicatricial in character, frequently the os becomes closed, so that the finest probe will not pass into the cervical canal, sterility always exists as a consequence.

The following paragraph coming from such high authority we hope may exert a beneficial influence on the profession, "Under the guise of surgery, the uterus has been subjected to a degree of malpractice,

which would not have been tolerated in any other part of the body. Its cavity has been, and is still made the receptacle for agents so destructive that no conscientious man would employ them for the treatment of disease in any other cavity of the body without a full appreciation of his responsibility."

Chapters 9 and 10. On Ovulation, Menstruation and Abnormal Changes in the Menstrual Flow, are very important, and require to be carefully read and studied in conjunction with the elaborate tables of statistics that accompany them.

Chapter 11. On Congenital Absence and Accidental Atresias of the Vagina; Mode of Operating for Establishing the Canal and Evacuating the Retained Menstrual Blood.

Dr. Emmet was the first to establish the practice of completing the operation at one sitting, and after evacuating the entire amount of retained menstrual fluid, he washes out the uterine cavity with warm water that blood poisoning may not result. He divides the tissues by tearing with the fingers, and has better results than where he formerly used the scisssors or knife.

Chapter 13. On Diseases of the Pelvic Cellular tissue. Dr. Emmet claims that this disease is by far the most important one with which women is afflicted. That it is the most common, and becomes the more important, in being comparatively seldom recognized, that many of the disappointments and bad results so often complained of in the management of the diseases of woman, in general practice, may be attributed to the existence of unrecognized cellulitis. Inflammation of the mucous membrane of the uterus and Fallopian tubes is secondary to some previous lesion in the cellular tissue, unless poisoned in the first instance by some foreign irritant, as by gonorrhœa.

We now come to five very important chapters embracing the following subjects: Displacements of the Uterus, Etiology and Treatment of Versions, Pessaries, Etiology of Flexures and Treatment of Flexures.

As the views of the author are based upon his personal experiences and are confirmed by a number of tabulated statistics, from which he also draws his conclusion, we may for the sake of brevity formula e them in the following propositions.

Anteversion may be accepted as a normal condition. Retroversion which is the most common form of displacement *always* occurs after puberty. Lateral-Versions are not congenital, but result from shortening of the broad ligament after cellulitis. Defective development,

where the vagina terminates around a cervix of unusual length, without forming a posterior cul-de-sac, causes retroversion the cervix being too long, is crowded forward in the vagina, in the direction of the least resistance, and the fundus is thrown into the hollow of the sacrum.

The treatment of anteversion by pessaries making pressure against the anterior wall of the uterus is faulty in theory and pernicious in practice.

Flexures of the cervix have their origin about puberty, or shortly afterwards by the balance being lost between the relative growth of the body and cervix. From the earliest development the uterus is somewhat anteverted, the neck cannot be developed without forcing the cervix forwards in the axis of the vagina, the cervix must either become bent upon itself, or the uterus will become retroverted, the result being determined by the fulness or absence of the posterior cul-de-sac of the vagina.

A flexure of the cervix may be accepted as proof that impregnation has never taken place. Retroflexion is more rare than is generally supposed, thickening on the posterior wall of the uterus from obstructed circulation in cases of retroversion is frequently mistaken for it. Experience will teach every one that no benefit is ever derived from the use of stem pessaries.

Chapters 23 and 24. On the History, Etiology, Diagnosis and Treatment of Lacerations of the Cervix, to the author belongs the credit of priority in having recognized the importance of this lesion and instituted a surgical procedure for its releif. Although his first paper on the subject was published in 1869, it does not seem to have met with that attention from the profession that its importance merited, for none of the works on gynecology take cognizance of it, except a short article in the last edition of Barnes'. Whereas Dr. Emmet finds this condition to exist in one-third of all the parous women that come under his case in private practice. The only reason we can see why the profession still fail to recognize this condition is that too many of its members have allowed themselves to become accustomed to the use of the vivalve speculum, and with this instrument all cases of laceration will continue to remain "*ulcerations of the os.*'

Dr. Emmet says - that as soon the practitioner becomes able to recognize this lesion under its different forms, he will be surprised to find a new explanation of all his cases of elongated or hypertrophied cervix, as well as those of ulceration. He denounces the amputation

of a so-called hypertrophy or elongation of the cervix with scissors, knife or cautery, as malpractice, he also deprecates the application of the cautery or caustics to heal a so-called ulceration on surfaces which can be readily united and brought into healthy condition. Nothing is proved by the statement that a certain number of women have recovered their health after the cervix or a portion of it has been removed, for he has seen them recover, but the operation was done by him which he would now consider malpractice, and he is satisfied that removal of the cervix is never called for except in some form of malignant disease.

The remaining chapters on Inversions of the Uterus, Cancer of the Uterus, Vagina and Rectum, Fibrous Tumors, Vesico-Vaginal Fistula, Diseases of the Ovaries, Battey's operation, Tumors of the Ovary, etc., are very complete and full of statistical information.

The work contains sixty-two statistical tables, embracing the history of one thousand eight hundred and forty-two patients treated at the Woman's Hospital of New York, and two thousand and thirty-six treated in Dr. Emmet's private hospital, It would be difficult to compare this book with Thomas' or Barnes', for it treats only of diseased conditions as they actually occur to the author, and his own opinions and deductions from them, whereas the latter are largely made up of typical cases that never occur in actual practice. Besides while the work we are considering is emminently conservative, it is nevertheless, far in advance of any similar treatise for the number and value of the surgical procedures offered for the treatment of the diseases under discussion. We believe it to be a book that will make a marked impression upon the medical mind, and force the profession to abandon many of the views now entertained in regard to the pathology and treatment of uterine diseases.

B. B. B.

*Transactions of the American Gynecological Society.*—Volume 3. For the year 1878.—Published by HOUGHTON, OSGOOD & Co., Boston, Mass.

The American Gynecological Society was organized in 1876, by thirty-nine Founders, representing the ability and talent of the profession in the United States, in the departments of Gynecology and Obstetrics. The society, at once, became established upon a solid and influential basis, and began its meetings with zeal and ability. No society in this country has grown so suddenly into

influence and usefulness. We took occasion one year ago to rect attention to Volume 2 of Gynecological Transactions. We are now in receipt of Volume 3, for the year 1878. A first glance at this Volume will not attract the same amount of attention and favorable comment as did Volume 2. A closer examination and perusal of its many excellent contributions will, however, strengthen an opinion as to the merit of the Volume.

The Volume begins with the Annual Address by the President, Prof William Goodell, A. M., M. D., of Philadelphia, on The Relation of Neurasthenia to Diseases of the Womb. This address treats of a subject of much interest, and one of great importance in this day of mental and physicial exertion, when the powers of the female are overtaxed and overstrained by social usages and requirements. This subject of nerve-tire or neurasthenia has been treated by Dr. Goodell, in a practical and able manner.

The next contribution is by Dr. J. C. Reeve, of Dayton, Ohio, on a case of Rupture of the Perineum without implication of the Vulva. In the discussion following this paper, Dr. White, of Buffalo, calls attention to the importance of preventing laceration of the perineum by making a triangular division of the perineum. This is a simple operation, and the cut surfaces heal readily. It prevents any form of rupture, and Dr. White thinks should be resorted to more frequently.

Dr. J. Marion Sims contributes a paper on the Surgical Treatment of Stenosis of the Cervix Uteri. This paper begins with a brief history of stenosis of the cervix uteri.

Prof. McIntosh, of Edinburg, was the first man in our day to call attention to this affection, to point out its influence in menstruation and the sterile state, and to demonstrate a method of treatment at once rational and often successful.

There are two methods of incising the cervix uteri for stenosis. The first is the bilateral incision, and is Sir J. Y. Simpson's operation. The second is the antero-posterior incision, or Dr. Sims' operation. These two methods are not applicable in all cases.

Dr. Sim's paper is illustrated with cuts showing the different

degrees of displacement of the uterus and causes of stenosis, as well as dotted lines to indicate the course of the incision in operating. The paper is a review of the subject of stenosis, and a study of the different methods employed for its relief.

In concluding his paper Dr. Sims' remarks: "I beg leave to say that this paper establishes the following points: 1st. Bilateral incision of the cervix uteri for stenosis is suitable only in cases where the intra-vaginal cervix is abnormally developed, where its two segments are symmetrical. 2nd. Antero-posterior incision of the cervix uteri for stenosis is suitable only for cases where the intra-vaginal cervix is abnormally developed, where the posterior segment is two or three times as long as the anterior, and associated with anteflexion. 3rd. The bilateral incision belongs to Simpson, and not to Sims or any one else. 4th. The antero-posterior incision belongs to Sims, and not to Emmet, or any one else. I have never ceased to perform this operation from the time I worked it out until the present moment. But I have exercised common sense in discriminating between the cases that were suitable for it and those that were not, and I hope my professional brethren will now be able to do likewise."

The discussion following the reading of Dr. Sims' paper was ably conducted by different members of the society, and taken in connection with the paper is a valuable contribution to the subject.

Dr. Jas. P. White, of Buffalo, reports a case of Extra-Uterine Pregnancy with Discharge of the Fetal Bones through the Bladder.

Dr. J. Taber Johnson, of Washington, D. C., reports a case of Foot and Head Presentation. Fracture of the spine in utero.

Dr. T. A. Emmet, of New York, contributes a valuable paper on The Necessity for Early Delivery as Demonstrated by an Analysis of one hundred and sixty-one cases of Vesico-Vaginal Fistula. This paper is based upon the tabulated histories of 161 cases of vesico-vaginal fistula, treated by Dr. Emmet, in the Woman's Hospital. The analysis of these cases establish the following facts: First, Instrumental delivery has rarely, if ever, any agency in the production of vesico-vaginal fistula. Second, The

direct cause is always the delay in delivery after impaction has taken place, while the indirect one, in a large proportion of cases, is a neglect to empty the bladder. Third, The extent of the injury does not necessarily bear any relation to the length of the labor, but is generally dependent upon the mode of delivery. The table exhibited by Dr. Emmet gives the modes of delivery, with the results of treatment. The fact is shown that of 161 labors resulting in injury to the mothers, 86 children, or over 51 per cent. were still born. Dr. Emmet undertakes to establish the effect of instrumental delivery in these cases, and claims that the damage is from impaction of the child's head causing an obliteration, by pressure, of circulation through the soft parts of the mother, and half an hour of this obstruction may cause the most extensive loss from sloughing.

Dr. Emmet says: "I do not hesitate to make the statement that I have never met with a case of vesico-vaginal fistula which could be shown to have resulted from instrumental delivery. On the contrary, however, the entire weight of evidence is conclusive in proving that the injury is a consequence of delay in delivery."

This paper of Dr. Emmet is one of great value, both from a medico-legal point of view since suits have been instituted for malpractice on the plea of damage resulting from a want of dexterity, and as defining the exact time when the forceps should be applied. It is an earnest and forcible argument in favor of instrumental delivery.

The next paper in this volume is from the pen of Dr. H. P. C. Wilson, of Baltimore, entitled, The Hand as a Curette in Post Partum Hemorrhage. This paper is based upon the study of a case of Post Partum hemorrhage coming on after the entire contents of the uterus had been expelled, and that organ had thoroughly contracted upon itself. A few minutes subsequently, the uterus relaxed, and showed not the slightest disposition to tonic contraction. It would contract and expand as often as means were brought to bear upon its cavity, and withdrawn.

The hemorrhage was profuse and alarming. Drachm doses of Squibb's fluid extract of ergot, were given every five or ten minutes, and two drachms were administered hypodermically without producing a response from the uterus. A half ounce of fluid extract ergot was next thrown into the rectum, and with this the patient had taken one and a half ounces of ergot, still no tonic contraction was produced.

Ice was carried into the body of the uterus and other agencies employed proved of no use. Dr. Wilson next carried his hand into the uterus, and with his finger nails as a curette, thoroughly raked the placental surface. Feeble efforts of the uterus expelled his hand, and in a few minutes it expanded again, but notwithstanding this state of atony, the patient did not lose a teaspoonful of blood after the first raking of the placental surface. The uterus remained enlarged, and its mouth patulous for about forty-five minutes, when severe after-pains set in producing firm contractions of the organ.

Dr. Wilson in conclusion remarks: "In any future cases of post partum hemorrhage where I cannot produce prompt contraction of the uterus, or where the contractions are clonic and not tonic, I would not waste time with the usual manipulations in its cavity to excite contractions, or wait for ice or other styptic remedies, I would promptly use my hand as a curette to the placental surface confidently expecting prompt arrest of the hemorrhage."

Following Dr. Wilson's paper is a contribution from Dr. R. A. F. Penrose of Philadelphia, on The Treatment of Post Partem Hemorrhage. This subject is one full of interest to the obstetrical practitioner, and Dr. Penrose's paper contains many useful suggestions for the management of this condition. Among the agents recommended attention is directed to common vinegar, which Dr. Penrose has found not only a certain remedy for post partem hemorrhage, but a remedy as safe as it is certain to cure. Vinegar promises the following advantages as an invaluable remedy: First. It can always be easily obtained. Second. It can be instantly applied. Third. It always cures the hemorrhage, as it is sufficiently irritating to excite the most benumbed and sluggish uterus to contract, while it is not so irritating that its subsequent effects are injurious. Fourth. It is an admirable antiseptic. Fifth. It acts on the living membrane of the uterus as a valuable astringent.

Dermoid Tumors of the Ovary is the title of a paper from Dr. William H. Byford, of Chicago. This paper is based upon the study of four cases of ovarian tumors, presenting features having sufficient similarity to necessitate their classification under the division known as dermoid tumors. The history of each case is given, and the distinct peculiarities of each tumor fully described. An inquiry is made as to what is a dermoid tumor; its mode of formation, structure and location. The paper closes with a review of the theories devised to explain the origin and development of ovarian dermoid tumors.

A contribution to the study of the treatment of the Acute Parenchymatous Nephritis of Pregnancy is the title of a paper offered by Dr. William L. Richardson, of Boston. The following is a brief summary of the points brought forward in this paper:

1st, It is our duty occasionally to examine the urine of pregnant women with a view of early detecting, by chemical and microscopical examination, the invasion of an attack of acute parenchymatous nephritis.

2nd, When such an examination has shown us clearly that this complication exists, the urine of the patient should be daily measured in order that we may know whether the kidneys are properly performing their functions, and are secreting the normal amount of urine.

3rd. When the amount of urine daily secreted is found to fall markedly below the normal quantity, we should endeavor to re-establish the impaired function of the kidney, or failing in this to supplement their loss of action by the increased accretion of other excretive organs.

4th. If, despite all our efforts, the amount of urine is very small and constantly lessening, no matter whether at the same time the general symptoms of danger are increasing or not, we should not hesitate at once to induce premature labor, and thus avoid the occurrence of an attack of eclampsia, which is sure to come whenever the daily urinary secretion falls below a certain amount. If the patient has reached that period of her pregnancy when the child is viable, then the induction of premature labor becomes still more our imperative duty.

A number of other very instructive contributions will be found in this volume of transactions, but the want of space forbids a lengthy notice at this time. Enough matter has been selected from this volume to illustrate the character and value of the many contributions it contains. As a whole, the volume is fully up to the standard of a first class treatise, and is well worthy of a position in every medical library.

To the physician specially interested in the departments of Obstetrics and Gynecology, this volume is indispensable.

A word in regard to the style of typography and binding. The volume is printed on heavy tinted paper, large and distinct type, a model style for easy and comfortable reading.

The binding is handsome and durable, much superior to that used in volumes I and II.

*A Clinical Treatise on Diseases of the Liver.*—By DR. FRIED. THEOD. FREIRICHS, Prof. of Clinical Medicine in the University of Berlin. In three Volumes. Translated by Charles Murchison, M. D., F. R. C. P. Published by William Wood & Co., New York.

This work of Dr. Freirichs has been a standard authority on Diseases of the Liver since it was first introduced to the profession over twenty years ago. Many of our readers are familiar with the character of the work, and have long ago learned to appreciate its value in the study of the diseases of which it treats. We do not purpose, in this brief notice, to review this work. We deem it too well known to require any comments at our hands. We prefer rather to praise the enterprise of the publishers, who have presented it to the profession in three neatly bound volumes, at the modest price of three dollars, a work well worth three times that sum. Indifferent literature is worthless, nay, worse than worthless, at any price, and the same rule applies reversely to good literature. A good book should not be estimated in dollars and cents. It is often worth an incalculable price.

At this time of general depreciation in business, the medical profession has suffered more, relatively, than other departments of business. Incomes have been cut down, bad debts created, and economy practiced by the sick as well as by those in health. At such a period a useful medical book, at an extremely reduced price, is a desideratum. Messrs. Wood & Co. have appreciated this fact by presenting a series of books issued monthly, at the price of $12 for the series. It is optional with the purchaser whether one book or the entire series is subscribed to as these books are sold separately at one dollar each. The books offered are useful works. We have, in back numbers of this JOURNAL, directed attention to Hilton, on Rest and Pain, and Ellis, on Diseases of Children. Freirichs on Diseases of the Liver, in three volumes, is now presented. We hope the profession will encourage publishers in their efforts to furnish good medical literature at such low prices.

*Thermal Paresis; The So-Called Malaria.*—By CHARLES T. REBER, M. D. Published by Geo. O. Rumbold & Co., St. Louis, 1879.

This is a monograph of 112 printed pages designed to establish the true nature of the derangement of the human organism, usually described under the name "malaria or malarious diseases." The author has enjoyed thirty years of personal experience and observa-

tion in a malarial section of country, which have demonstrated an imperative need of a more advanced and scientific presentation of the etiology and pathogenesis of this disease. In this volume chapters are devoted to the Investigation on Conduction of Heat, Human Temperature, Animal Temperature; its Relation to Health, the History of the Theory of Heat, Animal Quinoidine, etc., etc.

*Demonstrations of Anatomy Being a Guide to the Knowledge of the Human Body by Dissection.*—By GEORGE VINER ELLIS, Emeritus Professor of Anatomy in University College, London. From the Eighth and Revised English Edition, Illustrated. Published by Henry C. Lea, Philadelphia, 1879. For sale by Cushing & Bailey, Baltimore.

The present edition of this work is now offered to the profession fresh from the author's pen with many improvements and changes over previous editions. Many of our readers may not be familiar with this volume, as it has not enjoyed the same degree of familiarity as a text book as larger works upon anatomy. The title of this work designates its true character. It is a volume of demonstrations of anatomy including dissections of the various organs and portions of the body.

It is not designed as a comprehensive study of anatomy, but purports to familiarize the reader with the true relations of different structures, and to teach the art of dissection.

It is a book which has been well written, and handsomely illustrated with appropriate cuts. A work we would say which could be well substituted by the student for larger volumes upon anatomy.

*The Popular Science Monthly.*—Published by D. APPLETON & Co., New York.

The June number of this popular and valuable Journal is now before us, and contains a number of able and instructive original papers and selections. Among others will be found contributions from Prof. W. K. Brooks, on The Condition of Woman from a Zoölogical Point of View. The study of Physics in the Secondary Schools—By John Trowbridge. Modern Science in its Relation to Literature—By William Brackett. The United States Life-Saving Service—By W. D. O'Connor. Diseased Condition of the Faculty of Wonder—By Prof. Gardner. Chemistry in its Relation to Medicine—By Prof. Ira Remsen. A Problem in Human Evolution—By Prof. Grant Allen, etc., etc. This periodical presents the most recent advances in science, and will be found a valuable addition to every physician's library.

*Chemistry, General, Medical and Pharmaceutical, Including The Chemistry of the U. S. Pharmacopœia.*—By JOHN ATTFIELD, M. A. & Ph. D. of the University of Tübingen, etc., etc. Eighth Edition. Revised by the Author. Published by Henry C. Lea, Philadelphia, 1879.

This is a manual on the general principles of the Science, and their Applications in Medicine and Pharmacy. It aims to teach the general truths of chemistry to medical and pharmaceutical pupils. It differs from other chemical text-books in several particulars:—first, in the exclusion of matter relating to compounds; secondly, it contains more or less of the chemistry of every substance recognized officially, or in general practice, as a remedial agent; thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally. Parts of this volume treat, at length, of practical toxicology, and of the chemical and microscopical characters of morbid urine, urinary sediments, and calculi. In the appendix is a long table of tests for impurities in medicinal preparations. This work is brought down to recent date, and presents the most modern aspect of chemistry and pharmacy. At the close of each subject treated, questions and exercises are introduced to drill the student in the principles presented. The volume is handsomely illustrated, and the general arrangement and classification of the work are most excellent.

*A Treatise on the Diseases of Infancy and Childhood.*—By J. LEWIS SMITH, M. D. Clinical Professor of Diseases of Children in Bellvue Hospital Medical College, etc., etc. Fourth Edition, Thoroughly Revised. With Illustrations. Published by Henry C. Lea, 1879. For sale by Cushing & Bailey, Baltimore.

Previous editions of this treatise are too well and favorably known to the profession to receive an extended notice at this time.

The author of this book is recognized as a leading authority in this country on Diseases of Infancy and Childhood, as shown by the fact that this volume has been adopted as a text-book by the leading medical schools in the United States.

The fourth edition of this treatise has been called for by a demand for additional copies which were exhausted. The author has thoroughly revised the text, incorporating in it whatever was new and useful, in order to present the present state of our knowl-

edge. Many of the chapters have been entirely revised. Over 130 pages of new matter have been added. This edition also contains many new illustrations.

*A Manual of Examination of the Eyes.*—By Dr. E. LANDOLT, Directeur-Adjoint of the Ophthalmological Laboratory at the Sarbonne, Paris. Translated by Swan M. Burnett, M. D. Published by D. G. Brinton, Philadelphia, 1876.

This volume consists of a series of twenty-four Lectures upon an Examination of the Eyes. The subjects treated in the course of lectures are 1st, The objective general inspection of the eye. 2nd, Examination of the lids, conjunctiva, lachrymal passage, and all the other portions of the organ accessible to the naked eye. 3rd. Determination of the distance between the two eyes; their height and protrusion. 4th. The movements of the eyes. 5th. Intra-Ocular Tension. 6th. Acuteness of vision. 7th. Refraction and accommodations. 8th. Perception of colors. 9th, Limits of the visual field and indirect vision. 10th. Ophthalmoscope. The author says, "Of none of these things should a physician of to-day be in ignorance." The work of translation has been well performed by Dr. Burnett.

*The Diseases of Live Stock.*—By LLOYD V. TELLOR, M. D. Published by D. G. Brinton, Philadelphia.

This is a popular treatise on the treatment of Diseases of Horses, Cattle, Sheep and Swine. It is written by a physician brought up on a farm, who has practiced medicine in a rural district where many opportunities were offered him for study and observation. The book has been prepared for the use of the farmer and stock owner, and is free from techicalities, but at the same time scientific and exact.

To physicians practicing medicine in the country, who are often consulted in regard to diseases of domestic animals, the work will be found useful, and often indispenable. A knowledge of the diseases of domestic animals will often prove serviceable in a study of certain affections transmissible to man, and valuable truths may be derived from observations made upon animals.

# MARYLAND MEDICAL JOURNAL.

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BALTIMORE, JUNE 1st, 1879.


## EDITORIAL NOTES.

DEDICATION OF THE MCDOWELL MONUMENT.—On the 14th of May a monument, erected by the profession of Kentucky to the memory of Dr. Ephraim McDowell, the father of ovariotomy, was dedicated at Danville, Kentucky. Exercises of the most impressive character were held in the presence of an immense concourse of people assembled from all sections of the state and country. The oration, delivered by Dr. Gross, consumed one hour and a quarter, and was listened to with profound attention. After Dr. Gross had finished his address, Dr. L. A. Sayre, of New York, was called on, as the newly elected President of the American Medical Association. Dr. Sayre delivered a handsome and appropriate address.

Letters were read by Dr. D. W. Yandell, from Mr. Spencer Wells, Thomas Bryant, Knowlsby Thornton from abroad, and Drs. T. G. Thomas, Richardson, Parvin and Oliver Wendell Holmes in this country.

The exercises closed with the presentation of McDowell's door-knocker to Dr. Gross, in the name of the society as a memento of McDowell. The presentation speech was made by Dr. R. O. Cowling, of Louisville.

Dr. McDowell whose fame is so honorably commemorated by the profession of Kentucky, was born in Rockbridge County, Virginia, in 1771. At the early age of two years his parents moved to Danville, Kentucky. The first actual case of ovariotomy of which there is any authentic account was performed by Dr. McDowell in 1809,

and to him alone is due the credit of having devised and first successfully executed the operation.

Reared and educated in a back-woods village, remote from the centres of learning and civilization, too much can scarcely be said of the heroism and genius of the man who dared to perform an operation never before attempted in the history of the world. Subsequently, ovariotomy was performed by Dr. Nathan Smith, of New Haven, father of the late Prof. N. R. Smith, of this city, in 1821; by Alban I. Smith, a partner of Dr. McDowell in 1823, and by Dr. David L. Rogers, of New York, in 1829. The number of ovariotomies, since *McDowell's* day, has multiplied into thousands, thus Mr. T. Spencer Wells has operated 938 times. Dr. W. L. Atlee, at the time of his death, one year ago, had performed the operation 387 times. Dr. Thomas Keith, of Edinburgh, has operated 284 times. Dr. Alex. Dunlop, of Ohio, 143 times. Dr. T. G. Thomas, of New York, 126 times. Dr. John L. Atlee, 57 times. Dr. Gilman Kimball, since the death of Dr. W. L. Atlee, the oldest and most renowned American ovariotomist, has operated 240 times.

It has been estimated that in the practice of Mr. T. Spencer Wells, over 19,000 years have been added to the lives of the patients upon whom ovariotomy was performed by this eminent surgeon. In a recent letter to Prof. Gross, Mr. Wells says:—"I began the year 1878 with the 888th case, by adopting the antiseptic system of Lister, and have kept it up ever since, the result of forty-five cases, being forty recoveries and five deaths."

Too much honor cannot be paid to the memory of the man who has paved the way to such grand results. The profession of Kentucky should esteem the privilege of contributing this monument to their illustrious citizen, Dr. Ephraim McDowell.

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North Carolina State Medical Society.—The Twenty-sixth Annual Session of this Society commenced in Greensboro on the 20th of May, Dr. Charles Duffy, of Newberne, President, in the chair.

An address of welcome was delivered by Col. J. A. Gilmer, and responded to by Dr. Thomas J. Moore, of Charlotte.

Fifty-seven members answered the first roll-call, and many responded subsequently.

The Board of Medical Examiners passed favorably upon thirty-six applicants, who were accepted as members and duly licensed to practice.

Dr. M. Whitehead, of Salisbury, read an exhaustive paper on Spondylitis.

Two members of the State Board of Health, to wit: Drs. S. S. Satchwell and Thomas F. Wood, were elected to serve six years.

Report of Treasurer showed a balance on hand of $288, and $678 of unpaid dues.

A motion to compensate the Secretary for his services was unanimously adopted.

Dr. S. S. Satchwell read an able paper on Sanitary Science.

The reports from the different sections were carefully prepared and well presented.

Did space permit we would be glad to give a full report of the proceedings. Suffice it to say that this was one of the best attended and most interesting meetings ever held by the Society, which seems to increase in numbers and importance as it grows in years.

The Society adjourned to meet in Wilmington in 1880.

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THE MEDICAL HERALD is the title of a monthly journal commenced in May in Louisville, Ky. It is edited by Dr. Dudley S. Reynolds; published at two dollars a year. This makes the fifth medical journal published in the city of Louisville with a population of 160,000. We judge the profession of Louisville have a high appreciation of medical journalism to give encouragement to so many publications. We trust this new patron for professional favor will come up to the standard of the four journals now published in that city, which are conducted with enterprise and ability, and are regularly welcomed among our exchanges.

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MESSRS. SHARP & DOHME, manufacturing chemists of this city, have recently commenced the manufacture of a large assortment of sugar-coated pills and granules. This firm is thoroughly reliable, and their preparations are in every respect trustworthy. For a number of years this house has been engaged in the manufacture of a great variety of elixirs and fluid extracts, which have become deservedly popular. There are few physicians in this State who have not prescribed S. & D.'s Elixir of Iron, Quinine and Strychnia; Iron, Pepsin and Bismuth, and other excellent preparations. In this new department of manufacture, this firm will exercise care and good judgment, and their pills and granules may be thoroughly relied upon. Atten-

tion is directed to S. & D.'s advertisement, to be found in this JOURNAL.

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LACTOPEPTINE.—There are few preparations given to the profession during recent years that have been so highly praised as Lactopeptine. It has been found a most reliable agent in the treatment of impaired digestion, gastric irritability and diarrhœa. It is especially recommended by a number of physicians, who have prescribed it, as a valuable remedy in *Cholera Infantum*, and in the disorders of digestion and nutrition in children. In view of the approaching season of the year, during which cholera infantum is most prevalent, our readers are invited to test this preparation, and to give it a fair trial. We have before us a great number of testimonials from physicians, setting forth the value of Lactopeptine, and from their combined testimony, we consider the remedy worthy of trial.

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PROF. JAMES T. WHITTAKER, of Cincinnati, has been transferred from the Chair of Physiology in the Medical College of Ohio, to the Chair of Theory and Practice of Medicine in the same institution, made vacant by the resignation of Prof. Bartholow, recently elected to the Chair of Materia Medica, in Jefferson Medical College, Philadelphia. Prof. Whittaker is the author of a popular work on Physiology, which has deservedly given him an extended reputation as a writer.

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THE Kentucky State Medical Society held its annual meeting at Danville, Ky., May 14th, and was the most successful one the society has ever held. Over two hundred physicians were present upon the occasion. Dr. Todd, President of the Society, delivered an address on Sanitary Legislation. A number of excellent papers were read by different members. Dr. Dunlop, of Danville, was elected president for next year, and Dr. Dixon, of Henderson, Secretary.

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SIXTH DECENNIAL PHARMACOPŒIA CONVENTION.—To the several Incorporated State Medical Societies, the Incorporated Medical Colleges, the Incorporated Colleges of Physicians and Surgeons, and the Incorporated Colleges of Pharmacy throughout the United States: By virtue of authority devolved upon me, as the last surviving officer of the Pharmacopœia Convention of 1870, I hereby call a general con-

vention to meet in Washington, D. C., on the first Wednesday in May, 1880, for the purpose of revising the Pharmacopœia of the United States. For the information and guidance of all parties interested I refer them to the rules adopted by the Convention of 1870, to be found on page 11 of the Pharmacopœia of the United States, and request their compliance with the spirit and intention of the said rules. —JAMES E. MORGAN, M. D., 905 E Street, Northwest, Washington, D. C.

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A SUIT FOR MALPRACTICE against Professor Graystone, of Indiana, for malpractice in having salivated a female patient fourteen years ago, $15,000 damages being claimed, was lately decided against the doctor. He was mulcted in the magnificent sum of *one cent*, whilst Mrs. Huntzinger, the plaintiff, had the costs to pay.

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"NEUROLOGICAL CONTRIBUTIONS," by William A. Hammond, M. D., assisted by W. J. Morton, M. D., is the title of a publication issued by G. P. Putnam's Sons. New York city, the first number of which is before us. Four numbers are to be issued yearly, each of 96 pages, and each complete in itself, and will be sold for $1.00. The numbers are to be made up of memoirs and reports on subjects connected with the mind and nervous system, by the two gentlemen mentioned, and will be freely illustrated.

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ALABAMA STATE MEDICAL ASSOCIATION.—The thirty-second annual session was held at Selma, on the 8th–11th of April, Dr. R. D. Webb, of Livingstone, President, in chair. The following officers were elected for the ensuing year: President, Dr. E. P. Gaines, of Mobile; Vice-Presidents, Dr. Wm. H. Johnson, of Selma, Dr. John W. Sears, of Birmingham.

Dr. Jerome Cochrane, of Mobile, Senior Censor of the Association, was unanimously chosen by the Society as Health Officer of the State of Alabama, as authorized by legislative enactment, and holds his term of office for five years.

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MICHIGAN STATE MEDICAL SOCIETY.—The fourteenth annual meeting of the Michigan State Medical Society will be held at Detroit, commencing at 10 o'clock A M., Wednesday, June 11, and continne in session two days.

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BELLEVUE HOSPITAL MEDICAL COLLEGE.—Dr. Joseph W. Howe,

formerly Professor of Clinical Surgery in the Medical Department of the University of the city of New York, has been elected Clinical Professor of Surgery in this institution. Dr. A. A. Smith has been appointed lecturer on Therapeutics, Materia Medica, and Clinical Medicine, to fill the vacancy caused by the resignation of Professor William M. Polk.

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A Large Prize —The Royal Belgian Academy of Medicine offers a prize of 5.000 francs for the best essay on "The Elucidation of the History of the Diseases of the Nervous System, and principally of Epilepsy" The essay is to be written in French or Latin, and forwarded to the Secretary of the Academy, Brussels

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The Ohio State Medical Society held its thirty-fourth annual session at Dayton, beginning at 2 o'clock, p. m., Tuesday, June 3d, 1879.

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William H. Byford, M. D., has been chosen to the new professorship of gynecology in Rush Medical College, Chicago.

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Lithotrity, by the method of Dr. Bigelow, has been performed in New York in thirty-four cases, with three deaths.

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## A PRIZE OF $100.

At the Meeting of the Batimore Academy of Medicine Held April 1st, 1879, the following resolution was adopted:

"*Resolved*, That a prize of $100 be offered for the best essay on a medical subject, to be written by a physician residing in the state of Maryland. Each essay to be accompanied by a sealed envelope, containing the name and address of the author, and bearing a motto on the outside; the same motto to be inscribed on the essay. The prize not to be awarded unless an essay of sufficient merit be presented. Essays to be handed in to the Corresponding Secretary of the Academy, by the first of February, 1880.

B. B. BROWNE, M. D.,
Recording and Corresponding Secretary,
Baltimore Academy of Medicine,
307 Madison Avenue.

## BRIEFS.

The History of Clinical Instruction.—According to Prof. Leyden, of Berlin, the origin of clinical instruction is to be found in Italy, in the sixteenth century. In 1570, the supreme council of Venice, principally at the instigation of German students, ordered that two teachers of practical medicine should visit the hospital at stated times and there instruct the students at the bedside. This regulation was soon adopted in Padua. Soon, however, the universities began to raise difficulties, on the ground that the clinical instruction drew away the students from the lectures and disputations, and in consequence the Venetian council prohibited the continuance of the clinical teaching. The students protested; and it was determined that the teachers of practical medicine in the universities should alone be authorized to take their students to visit patients, as they might think proper. It seems that the system of introduction to practice, apart from the universities, was rather common. The Emperor Frederick II (1194–1250) ordered that no one should enter on practice until he had practised for a year under the guidance of a physician. The special founder of modern clinical instruction was Franz Deleboe (Sylvius) in 1614-1672. In Berlin, Fritze was clinical professor in 1798; and the examination regulations of that year speak of clinics at Berlin and Halle. In Königsberg, clinical medicine is mentioned in 1785 and 1790. The first clinics embraced all the departments of medicine; the division into medical, surgical, and obstetric, and polyclinic, was of later growth.—*British Med. Jour.*

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The Profession in France.—French doctors have just as much to contend with as those of this country. A writer in a London journal says that two francs, thirty-nine cents, is the invariable fee which village doctors put down, per visit, when sending in their bills at the end of the year. Even these bills often give rise to the sorriest haggling, for there exists a crooked opinion among the French peasantry and working classes, that a physician should reward himself as a philanthropist, and pay his butcher's bills with the mere thanks of his patients. A country doctor attends a prosperous peasant proprietor, day after day, for weeks, supplies medicines, effects a cure; and at the end of the year is treated as an extortioner because he has

charged a sum which will barely pay for the wear and tear of his horse and gig. Some doctors draw a regular salary from a medical club; but these are the worst of all, for every member of the club feels bound to take out five or six times the value of his subscription in doctor's visits, even if he has nothing the matter with him.

Yet, in spite of this, medical competition is urgent and unfair. It is no uncommon thing for a young physician of some private means to endeavor to make himself popular by refusing fees and supplying medicines—nay, sometimes wine, cigars and warm clothing - looking to the future to repay him,—*Med. and Surg. Reporter.*

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How to Stop a Cold.—Horace Dobell, in his little work on "Coughs, Colds and Consumption," gives the following plan for stopping a cold. If employed sufficiently early it is said to be almost infallible: (1) Give five grains af sescarb. of ammonia and five minims of liquor morphine in an ounce of almond emulsion every three hours. (2) At night give ℥jss. of liq. ammon. acetatis in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night should the patient be thirsty. (3) In the morning the extra blankets should be removed so as to allow the skin to cool down before getting up. (4) Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. (5) At bedtime the second night give a compound colocynth pill. No more than twelve doses of the mixture from first to last need be taken as a rule; but should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.—*Mich. Med. News.*

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The Skull as a Weapon.—There is now confined in the city prison of the District of Columbia a negro, whose head would have done splendid service at the siege of ancient Troy, as in those days battering rams were called into service in lieu of our modern cannon.

In an affray with another colored man, incited by jealousy of the affections of a dusky Helen, and moved by the machinations of the fabled green-eyed monster, this African ram seized his opponent in such a manner as to *butt* his head against his own, breaking in the skull of his rival in as many small pieces as a boiled egg subjected to

repeated strokes with a spoon, preparatory to removing the shell. The fragments of the mashed skull are so fine that much skill has to be exercised in the process of mounting the same, which is now being done.—*National Medical Review.*

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The Prevention of Relapses in Typhoid Fever.—Dr. Immermann shows that we are to a certain extent able to prevent relapses in typhoid fever by the internal administration of salicylate of sodium. His observations seem to indicate that these relapses must be traced to a residuum of typhoid poison in the bowel of the patient, by which, after a time, he becomes re-infected. If this theory be correct, the obvious inference is, as Immermann says, that we could systematically disinfcet the body of a typhoid convalescent. Following out this reasoning, Immermann treated twenty-two such convalescents with a drachm to a drachm and a half of salicylate of sodium for ten or twelve days from the first day of normal temperature. Of these patients only one relapsed, on the seventh day of the apyretic period, owing to neglect of attention to diet. Other experiments gave similar results. These facts tend to prove that not only convalescents from typhoid fever, but also healthy persons exposed to the contagion of typhoid, should be treated with salicylate of sodium.—*Med. Times and Gaz.*, vol. i., 1870, p. 323; from *Corresp. Blatt f. Schweiz Ærzte.—Phila. Med. Times.*

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Treatment of Piles by Carbolic Injections.—The following rules for the treatment of piles by hypodermic injection of carbolic acid are given by Prof. E. Andrews, in the Chicago *Medical Journal and Examiner*—

1. Inject only internal piles.

2. Use diluted forms of the remedy at first, and stronger ones only when these fail.

3. Treat one pile at the time, and allow from four to ten days between the operations.

4. Inject from one to six drops, having smeared the membranes with cosmoline, to guard against dripping. Inject very slowly, and keep the pipe in place a few moments, to allow the fluid to become fixed in the tissues.

5. Confine the patient to bed the first day, and also subsequently if any severe symptoms appear. Prohibit any but very moderate exercise during the treatment.

PLASTER OF PARIS.—Plaster of Paris may be made to set very quickly by mixing it in warm water to which a little sulphate of potassium has been added. Plaster of Paris casts, soaked in melted paraffin, may be readily cut or turned in a lathe. They may be rendered very hard and tough by soaking them in glue-size until thoroughly saturated, and allowing them to dry. Plaster of Paris mixed with equal parts of powdered pumicestone makes a fine mould for casting fusible metals; the same mixture is useful for encasing articles to be soldered or brazed. Casts of plaster of Paris may be made to imitate fine bronze by giving them two or three coats of shellac varnish, and when dry applying a coat of mastic varnish, and dusting on fine bronze powder when the mastic varnish becomes sticky. Rat-holes may be effectually stopped with broken glass and plaster of Paris. The best method of mixing plaster of Paris is to sprinkle it into water, using rather more water than is required for the batter; when the plaster settles, pour off the surplus water, and stir carefully. Air bubbles are avoid in this way.—*Scientific American.*

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HOW DOCTORS ARE PAID.—"Save me doctor, and I'll give you a thousand dollars."

The doctor gave him a remedy that eased him, and he called out,—

"Keep at it, doctor, and I'll give you a check for five hundred dollars!"

In half an hour more he was able to sit up, and he calmly remarked,—

"Doctor, I feel like giving you a fifty dollar bill."

When the doctor was ready to go the sick man was up and dressed; he followed the doctor to the door, and said,—

"Say, doctor, send in your bill the first of the month."

When six months had been gathered to time's bosom, the doctor sent in a bill amounting to five dollars. He was pressed to cut down to three, and after so doing he sued to get it, got judgment and the patient put in a stay of execution.—*Exchange.*

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CHEAP DOCTORS.—Doctors must be cheap in Austria. One of the Vienna medical papers says that a parish doctor was advertised for by one town, and in consideration of his services he was to receive the sum of 300 guldens, and his traveling expenses, etc., were to be provided for by an extra 150 guldens. The work was such as would require all his time, and yet this honorarium was enough to cause

keen competition between two candidates. The value in our money of this magnificent revenue is about $200.00 !—*Med. and Surg. Reporter.*

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Treatment of Epididymitis.—Professor Zeissi, of Vienna, after a thorough trial of the method of Professor Hourod, of Lyons, states ("Allgemeine med. Zeitung," No. 46) that he prefers it to all the other methods he has employed He treats all stages of the disease in the following manner: The scrotum is first enveloped in one or two thicknesses of wadding; over this is applied a square piece of India-rubber sheeting, through a hole in which the penis is passed. A suspensory is then adapted so as to support the testicles as immovably as possible. The patient is able to go about and attend to his affairs without pain or inconvenience, and the apparatus may be allowed to remain for a week. The perspiration of the scrotum is not interfered with. This is regarded as very beneficial.—" *Gazz. Med. Ital. Venete.*" No. 50 1878.—*N. Y. Med. Journ.*

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How to Cough.—To some persons, coughing is harmless, but to others it is fraught with many dangers. It is, therefore, important to teach those liable to be injured by too severe or prolonged efforts at coughing how they may accomplish their purpose easily, safely and quickly. Dr. J. M. Fothergill (*Phil. Med. Times*) says: "It must be insisted upon that the chest be well filled with air before the cough is let loose; that is, the reflex act must be inhibited by the exercise of the will, until the chest be well filled with air before the cough is let loose. Such full inspiration is effective not only in removing the source of the irritation, but it usually causes other masses of mucus and charcoal to slide from their seat, and thus to set up further cough for their removal. But, if the full inspiration plan be followed, these masses are readily and quickly expelled." Of course these directions are of use only in such coughs as are for the purpose of removing some offending matter from the air passage.—*Ex.*

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"Drying-up" the Milk.—At a meeting of the New York Academy of Medicine nearly all the speakers agreed that the best plan for "drying-up" the milk in non-nursing mothers is to let the breasts *entirely alone;* no pumps, ointments, belladonna, or friction, etc.—*New York Med. Record.*

An Obstetric Warning.—I publish the following cases as a warning to brother professionals engaged in midwifery practice: In September, 1878, I was sent for to a woman who had been in labor with her first child for four days. A friend was staying with me who was going to attend to my work during my three week's holiday, and we went together to see the case. We found the woman frightfully exhausted, with a small fluttering pulse, and a child, that had been dead at least a week, presenting normally, but the head tightly impacted at the outlet of the pelvis. All pains had left her for many hours, and the stench from the fœtus was horrible. We gave ergot, and delivered her with forceps without much difficulty. The child was decomposed, and the placenta also, but not so far advanced. My friend told me on my return home (I left the next day) the woman never rallied, but died with pyæmic symptoms. Five weeks after this case I had occasion to use the same forceps on a woman with her second child. (I had delivered her with forceps as a primipara.) She had a rigor on the seventh day, and died of puerperal peritonitis. Undoubtedly we ought to have thought of disinfecting the forceps, and I would suggest that they should always be so cleansed after every case in which they are used.—*British Medical Journal.*—*Canada Lancet.*

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Ozena—New Method of Treatment.—A German writer, Gottstein, considers the origin of ozena as due to a process of atrophy in the mucous membrane of the part, analagous to that in the pharynx, described as rareficient dry catarrh of the pharynx (pharyngitis sicca) by Wendt in Ziemssen's Cyclopedia, and he believes that ozena is "a constant symptom of that stage of chronic rhinitis, in which atrophy of the nasal mucous membrane has occurred, and in which, probably in consequence of the destruction of the mucous glands, a diminution and alteration of the secretion takes places in such a way that the product of the latter remains, in consequence of its quick drying up, adherent to the mucous membrane, is not removed by the natural forces, and passes over into fetid decomposition." The remedy which the author recommends consists in the simple occlusion of the diseased part by means of a wad tampon (the part having generally been cleaned before), which is to remain about twenty-four hours in the nose. It does not give rise to any troublesome symptoms, the patients feeling, on the contrary, soon very much relieved by it. One side ought to be occluded only at the time, and the other within the next twenty-

four hours, whilst the first remains free during that time. The author has obtained excellent results on fifteen patients thus treated within a very short time.—(*London Medical Record*) *Lea's Abstract.*

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Apropos of opening the abdominal cavity, let me tell a story which is now in circulation here. A lady went to a celebrated ovariotomist, who successfully operated upon her, removing an ovarian tumor. Four or five weeks later the lady went to an equally celebrated lithotomist, with symptoms of stone in the bladder; the sound detected a hard substance. The lady preferred being operated on again by the ovariotomist. The solid body was removed from the bladder. The ovariotomist took it to the lithotomist, saying: "It is not a stone!" "Then it is a surgical instrument!" Was the confident reply. It was *a pair of forceps.* Unfortunately the lady did not survive the second operation. More may be heard of this case, as the lady promised her doctor, who took her to the ovariotomist in the first place, that if she survived the operation she would marry him. The lady was rich, and her disappointed suitor is threatening legal vengeance, in the shape of damages.—*American Practitioner.*

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Danger of Powerful Remedies During Kidney Disease.—According to Chauvet's investigations ("Berl. klin. Wochenschr.," No. 29, 1878), the diseased kidneys have, to a considerable degree, lost their power of excreting medicinal substances from the blood.—While under normal conditions one-third to two-thirds of the sulphate of quinine taken is carried off by way of the urine, only one-tenth to one-fifteenth is removed in this way during interstitial nephritis. Bromide of potassium is entirely excreted by the twentieth day by a healthy individual, while this does not occur in one with kidney affection before the thirtieth or thirty-fifth. Two grains of iodide of potassium is normally excreted in the course of two or three days; through diseased kidneys in five or six days. The author, therefore, advises close attention to be paid to the condition of the kidneys when powerful medicines are used, as they may have a fatal effect in such cases. The matter may be a great importance in a medico-legal point of view.—"Ugeskrift f. Laeger," August, 1878.—*N. Y. Medical Journal.*

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Dr. Gubler, the distinguished Parisian Professor of Therapeutics, died, of cancer of the stomach and hæmatemesis, April 23d, in the fifty-eighth year of his age.

WHILE we take pleasure in noting the constant and valued improvements made in the manufacture of various pharmaceutical preparations, we are also pleased to notice the increased attention paid to the manufacture of different kinds of concentrated and easily digested foods.

A dietary preparation that is of special value to invalids, is the London Manufacturing Company's essences of meats.

Recently we visited the manufactory of this company's dietary preparations, and were pleased to note the ease with which every step is taken in the process of extracting the nutrient juices from perfectly fresh meats.

During the heated term now approaching, these essences of meats will prove a valued addition to the physicians' armamentarium.—*Cincinnati Lancet and Clinic.*

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QUININE IN LABOR.—Dr. R. F. Gunprum ("Detroit Lancet") advises to give quinia, instead of ergot, to stimulate uterine contractions. He says: "Let ergot alone as an oxytocic; at least, never give it unless you have your stethoscope to keep track of the fœtal heart, and a pair of obstetric forceps to deliver the child at any moment. Quinia can do nothing but good, and I advise it in preference to ergot every time. Use quinia and forceps, and leave ergot to be given just before delivery is to be completed to insure post partum uterine contractions."—*The Am. Med. Bi-Weekly*

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VICTIMS OF DUTY.—The Municipal Council of Paris has just passed a resolution that a legitimate homage should be paid to those who die victims of their devotion to duty; and to this end have carried the proposition that marble commemorative tables should be placed in the various hospitals and hospices of the city of Paris, upon which are to be inscribed the names of the physicians, surgeons, internes, externes, medical students, and of all other auxiliaries of the Assistance Publique who die victims of their devotion in the exercise of their functions.—*Gaz. Hebd.*

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SPENCER WELL'S OVARIOTOMIES.—Dr. Spencer Wells has performed 900 operations for ovariotomy. Of these there have been 676 recoveries. Dr. William Farr calculated that the expectation of life gained by these operations was in all 19, 691 years.

COMMUNICATION OF SYPHILIS BY TOYS.--At a late meeting of the Society of Public Medicine, in Paris, Dr. Galippe made a communication in which he related his observation of facts of transmission of syphilis through children's toys. The vendors in the streets and bazaars of Paris may be affected with syphilitic lesions of the mouth, and through the habit of practicing on children's whistles and trumpets in order to attract attention, may possibly transmit the affection. —*London Lancet.*

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TO HASTEN THE ACTION OF QUININE.—Dr. Starke, *Berliner Klin. Wochenschrift* advises that before swallowing powders or pills of quinia, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinia, rendering its physiological action much more prompt, but also obviates that unpleasant gastric irritability so common after the administration of large doses of this drug.

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A POPULAR New York doctor, while escorting a lady home, the other evening, sought to relieve her cough and sore throat by giving her a troche, which he told her to hold in her mouth until it dissolved. The next day he received a note from the lady, with a trousers button enclosed, and stating that he must have given her the wrong kind of a troche, and that he might need this one.—*Exchange.*

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TROMMER'S EXTRACT OF MALT.—We have lately been using pretty extensively the above extract with very excellent results, as a substitute for cod-liver oil, where the latter cannot be tolerated. It is also very serviceable in certain forms of dyspepsia. It agrees with the most fastidious stomach, and is readily taken by children.—*Canada Lancet.*

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THE death of the eminent Dr. Charles Murchison, L. L. D., F. R. S., of London, took place on the 24th of last month, suddenly, from heart disease. He is best known in this country from his work on "Diseases of the Liver." He was a most able clinical observer, and enjoyed an extensive practice.

[WHILE recently in the office of Reed & Carnrick, New York, we were shown a cable dispatch from J. N. Beach, London, England, for seventy 45 gal. barrels of maltine, or twenty-five thousand pints. This would indicate the extensive use of maltine in England. Messrs. Reed & Carnrick claim this preparation to be far superior to extract of malt, and are willing to furnish the medical profession samples of maltine and its combinations gratuitously in order that a comparison may be fully made.—*Ed.*]—*Cincinnati Lancet Clinic.*

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THE cost of beds in the Paris hospitals is given as follows:—At the Hôtel Dieu, with 514 beds, the annual expense per bed is 1,194 francs; and at La Charité, with 472 beds, it is 1,096 francs. The Clinique, with 74 beds, is the hospital which costs most, viz., 1,847 francs per bed; and the Ménages, with 1,387 beds, is the hospital which costs least, viz., 399 francs per bed.

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I ONCE knew a parish doctor, and I was sitting with him when he begged me to take a spoonful of decoction. It was inconceivably abominable, and I did not get the taste out of my mouth for an hour. "You see," he said, "when I first came here I was perpetually being sent for; so I devised this remedy, which I invariably administer. I am now rarely disturbed, for most people prefer death to a second bottle."—*London Truth.*

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FIFTY years ago there were eight medical journals in the United States. Now there are fifty-three of the regular school, nine homeopathic, and seven eclectic. In the last fifty years, sixteen hundred and thirty regular journals and two hundred and fourteen homeopathic have been started, leaving about six per cent. of the former and four per cent. of the latter class as survivers.—*Medical Recorder.*

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CAUSES OF SUICIDE.—Of the 5.567 cases of suicide reported in France during 1876, among the causes assigned are drunkenness, 1,443; afflicted with incurable diseases, 798; domestic broils, 633; dread of poverty, 329; less than one-third of the entire list is charged with drunkenness.

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## ORIGINAL PAPERS.

# SOME OBSERVATIONS ON THE TREATMENT OF SYPHILIS.

BY J. SHELTON HILL, M. D.

*Read before the Baltimore Medical Association, March*, 1879.

It is not my purpose, Mr. President and Gentlemen, to attempt an elaborate *expose* of all the different agents which have from time to time been extolled as possessing a curative effect in the treatment of Syphilis. My object is to restrict myself to the constitutional remedies appropriate to the different stages of Syphilis, and I shall endeavor to keep as closely within the prescribed limits as the nature of the question will allow.

I confess the subject is a very broad one, and that it cannot be treated in anything like an exhaustive way, in a short time. The subject is also rather hackneyed, nevertheless it is a practical and interesting one, and I only wish I could be sure to do it justice.

In order to judge correctly of the influence of treatment upon any disease, one condition is absolutely necessary, and that is, a knowledge of the natural march of the disease; if this knowledge be not attained, judgment is impossible, because the comparison is wanting, and we attribute to the treatment that which often, is nothing more than the spontaneous evolution of the malady. In the circumstances in which we are placed, it is rare that we can observe the natural development of Syphilis, because, if our patients do not treat themselves, they demand to be treated, and a physician does not dare to take upon himself the responsibility of abandoning to itself a disease, which, to say the least, is not without danger. But there are countries where

the condition of things is different, and in order to understand perfectly the natural course of Syphilis, it is best to study it among the non-civilized nations.

It may not be inappropiate to give here, a brief *resume* of the history of the treatment of Syphilis. The literature of the subject is of an enormous extent; but if we look back over the field we can easily discern well characterized periods in its development.

At first, in this subject, as in all others, came the period of chaos, during which relations of similar facts were not recognized, nor suspected. The advancement during this period was due entirely to accidental observation of facts which presented themselves. The first outbreak of the epidemic of the 15th century was not treated at all, it being a veritable surprise to physicians; they said, no physician should treat so disgraceful a disease; but the real reason why it was not treated, was ignorance. At first quacks, herb-doctors, and all sorts of artisans were the only ones, who treated it, until the disease spread to such an alarming extent that physicians could no longer abstain from attacking it. In a short time however, Mercury was employed. This drug was introduced into the Materia Medica by the Arabs, and employed by them in various skin diseases. The supposed analogy of Syphilis to these diseases first led to its use in the treatment of Syphilis. Beranger de Carpi and Jean de Vigo were the two great advocates of its use.

In the year 1517, Guaiacum was discovered, and a certain "Holy Wood" was then introduced and enjoyed a very great reputation for a short time, dividing the honors of the field of Materia Medica with the popular Guaiacum.

The "Holy Wood" and Guaiacum became too costly for general use, and Ebony, Hazeltree-wood, Box and Juniper were substituted, the others, however, not falling in public estimation, when, in the year 1536 or 1537, China Root was first introduced into Europe; among those, who first took this new remedy, was the Emperor, Charles V. Then came Sarsaparilla and Sassafras, and they were succeeded by a decoction made by mixing all plants having a sudorific effect, and used under the name of "Decoction of Sudorific Woods."

In the year 1564, a great number of physicians returned to the use of mercury. Guaiacum was still employed, however, in the 17th century, but the physicians of the 18th century discarded it almost unanimously, for the mercurial treatment. During this time many other substances had been suggested and tried, as, for example; the

different resins, Myrrh, Gallingale, Cinnamon-bark, &c. At a later period, Sennert, Bartholin and Stahl boasted of the virtues of Soap-Bark.

In 1661, Simon Pauli reported a case cured by opium, but this case was forgotten, and in the year 1779, Grant and Michaelis, two surgeons of the English Army in America, pretended that they had achieved great success by the use of this drug. They commenced by administering it at the rate of five grains daily, and increased it gradually to fifty grains in the twenty-four hours. It was employed in England, Sweden and Germany, but the popularity which it enjoyed was of short duration. Towards the end of the 18th century, physicians commenced using those substances, which are rich in Oxygen, the most prominent among these being nitric acid. The theory for their use, the founder of which was Girtanner, was that mercury acted only as the oxide, and then only by its being easily decomposed, and giving up its oxygen to the animal tissues. Following out this theory, Scott, of Bombay, Alyon, of Paris, and Rollo, Cruikshank and other English military surgeons thought it would be best to use those substances rich in oxygen, and they did use them, both internally and externally.

This treatment was in vogue, but a short time, however, as they soon saw that the theory was not well founded. But these medicines have not been lost sight of, as we see them still used, especially nitric acid, in many of the visceral lesions of syphilis.

But, during all this time, mercury, although fallen into discredit had not been abandoned. Massa, Hery and others continued its use; Bethencount used it at Rouen; Ferri used it in 1538, and Fallope used it in all severe cases, after having tried other means. Up to this time, it had been used only by frictions, or fumigations, when towards the year 1535, Pierré André Mathiolé was the first, who dared to give it internally. The preparation used by him was the Red Oxide. Soon pure mercury was used, and it became the basis of the famous "Barbarousse Pills," Francis 1st, it is said, being among the first who took them, in the year 1540. Afterwards, Calomel, "Æthiops Mineral," Nitrate of Mercury, &c., were successively used. Still the abuse of this medicine was very great, physicians thinking that the only hope for the patient was salivation; when in the year 1718, Chicoyneau, of the University of Montpelier, endeavoured to show its utter uselessness. Trascator was the first who mentioned gold as a means of treating syphilis, but Chrestian, of Montpelier,

was the one, who made the treatment popular. Powdered Gold, Oxide of Gold, perchloride of Gold and of Sodium were the preparations used by him. Serres, of Montpelier, used both Gold and Silver, and Hœfer, in 1840, "sang the praises of the king of metals" Platinum.

Arsenic was used at an early period, associated with mercurial preparations in fumigations; recently its use in certain forms of syphilis, has been revived.

Iodine and its preparations have been used since their introduction into the Materia Medica.

Girtanner used burnt sponge, and Martini, in the year 1821, substituted iodine for the burnt sponge; since then, its use as the Iodides, has been firmly established. Wallace, of Dublin, has the honor of having first used the Iodide of Potassium, of having fixed its dose, and specified the indications for its exhibition. He commenced his experiments in 1832, and gave the results four years later.

Ricord, as quoted by Lancereaux, says: "It is clear that whenever a sure diagnosis cannot be made, every conscientious physician will abstain from giving any general treatment, but for me, an induration, well pronounced, is sufficient to justify the use of mercury, and from the first day that I can recognize the disease, I attack the diathesis."

Sigmund (Prof. in the Univ. of Vienna) says: "The exact time to commence the general treatment of syphilis will be determined by the appearance of the case. I must say, in the first place, we have no prophylactic treatment against the appearance of the secondary forms. From well-grounded clinical standpoints, supported by the latest histological examinations, we know that the primitive lesion (papule &c.) is no longer local, but is, on the contrary, a manifestation of constitutional syphilis. Clinical experience has also taught us, that, even in the most favorable cases, besides the infiltration of the lymphatic glands, we will have at least erythema, papules, &c., appearing on the skin, and also, in many cases, *no* farther manifestation of the disease is ever seen, even though no treatment be employed; while in many other cases, although treated from the beginning, the later forms, such as groups of papules, pustules, gummy tumours, &c., are not prevented. These clinical facts lead to the following rule of practice: do not commence the general treatment until the secondary lesions are well pronounced."

Diday says, "for the indurated (Hunterian) chancre, give mercury, and preferably, the prot-iodide."

Baerensprung, on the contrary, rejects the preparations of mercury,

and recommends for the indurated chancre, sudorifics and kindred preparations, and particularly, the Russian-bath. By this treatment, he acknowledges, "the chancre itself is not healed so rapidly, but the secondary lesions are confined to a few superficial syphilides." Never has the great Syphilographer of Berlin seen tertiary syphilis follow, when thus treated by him, he abstaining from all mercurials.

The personal observation of Lancereaux accords with that of Baerensprung. His patients, submitted during the period of the chancre to a severe hygienic regimen and a slightly tonic medication, present only, sometimes secondary, (chiefly roseola,) but very rarely tertiary lesions. He asks the question, "can one hope from a mercurial treatment at that time, prevention of secondary symptoms?" "By no means," he replies; "one point can certainly be established, we cannot prevent secondary lesions by mercurials, consequently mercury does not attack the diathesis, as Ricord pretends it does, hence it is useless, if not injurious." He objects to the use of mercury during the period of the chancre, upon the ground, that, when the secondaries do appear, the patient has become accustomed to the use of the medicine, and hence its influence upon the eruption is greatly lessened. He improves the general health of his patient by iron, bitter tonics, &c. He does not commence the use of mercury even when the patient has prodromic symptoms—headache, pain in limbs, general lassitude, &c.—but gives a purgative, iron, small doses of opium, and orders baths. If these symptoms are not relieved by this treatment, he prescribes iodide of potassium or iodide of sodium; but, upon the first appearance of the secondary forms, he prescribes mercury, and keeps it up, unless the patient is injured by its exhibition.

Lancereaux denies that we can tell by the first eruption whether or not it will be a mild case; hence his rule, "all secondary lesions demand mercury, and not before they appear should it be given; never give it during the period of chancre, unless in certain exceptional cases." His exception is, where a chancre does not heal before the appearance of the secondaries, then give mercury, notwithstanding its presence.

Scarenzio, in Italy, was the first, who used mercury by subcutaneous injections in the treatment of syphilis, and Lancereaux expresses himself very favorably towards this mode. He says that "by the use of the syringe, the absorption is certain, the effect of the medicine is promptly secured, the dose is exact, the digestive apparatus is spared,

the nutrition is unimpaired, and that the most beneficial results can be secured by the introduction into the system of the minimum amount of mercury." How long shall we continue the use of mercury? Dupuytren gave it until all symptoms had disappeared, and then continued it for a time equal to that which was necessary to remove the symptoms; Vidal thought that from 100 to 110 of Dupuytren's pills were sufficient; Chomel gave it for five or six months continuously, and followed by Iodide of Potassium for three months; Ricord gives it as Chomel. The majority of Ricord's pupils, except Diday, do as he does, or they even continue its use for one, two, or three years, and then administer Iodide of Potassium, This treatment, Lancereaux declares "to be pure empiricism;" he stops mercury as soon as all signs of the disease have disappeared, and if they return, he commences its use again. He does not continue the treatment long after the symptoms have disappeared, because he says he "does not hope to *cure* the disease," he keeps up a tonic course of treatment, however, for a long time, and insists strongly upon the "early use of mercury." He states, "we must not give mercury in every case of secondary syphilis; bad state of digestive organs, general debility, chlorosis, anæmia, &c., are contraindications."

Sir Benj. Brodie did not give it "to patients of a delicate constitution, nor to one, suffering from scrofula, phthisis and similar diseases. Whenever mercury manifests an injurious effect upon the general health, as it sometimes does, we must discontinue its use "

M. A. Fournier gives a similar treatment to that of Lancereaux, but continues it longer; the entire course of treatment is of three years duration.

M. Rollet says, "the curative treatment of the primitive lesion is above all a *specific general* one, but this does not preclude a local treatment also. Do not cauterize, it is absolutely useless."

His local treatment varies according to the seat of the chancre. "If it be deep in the mouth or on the fauces, gargle with astringents; if on the breast, it is sometimes best to stimulate slightly every two days, with a strong solution of nitrate of silver, and dress in the meantime with lint soaked in aromatic wine; if it be under the prepuce, inject slightly stimulating or astringent solutions. Do not treat the adenitis, unless it be so enormous as to give trouble, or unless the glands become acutely inflamed." He then considers the application of the mercurial plaster the best mode of treatment. Rollet considers

cod-liver oil an antisyphilitic medicine, by means of its tonic and reconstructive effects.

Langlebert, a celebrated surgeon in the French Army, says, "the surest way to prevent tertiary accidents is to give the mercury from the very first, *as soon as possible* after infection. Practice and logic both condemn the reservation of mercury for those cases where the graver signs (the secondaries) appear; if mercury will cure those cases where the system is so gravely affected, there is greater reason to believe that it will cure the case while it is benign. The curative effect depends more upon the long continuance of the treatment than upon the quantity of the medicine absorbed, hence give as small a dose as will effect the object desired, and continue it for a long time."

He considers the "bi-chloride the best of all mercurial preparations; dislikes the administration of this medicine by the hypodermic method; when the stomach rejects it, he uses inunctions." He declares that "mercury has no power against the tertiary forms," while he considers the "Iodide of Potassium a *specific* against them." He 'pushes the dose of the iodide to the maximum that can be supported." In the transition period between the second and third stages of the disease, he uses the combined treatment of mercury and the iodides.

In a most admirable article written by Jonathan Hutchinson, of London, and published in the *American Journal of Syphilography and Dermatology*, for April, 1874, in speaking of the use of mercury in the treatment of syphilis he states that "mercury is probably a *true vital antidote* against the syphilitic virus, and that it is capable of bringing about a real *cure*, the *cure* being proved by a restoration to health, and by renewed susceptibility to contagion."

Let us next briefly examine the influence of climate upon the progress and termination of syphilis. Livingstone (p. 47) teaches us that "in the centre of Africa, syphilis cures itself."

Lesson reports that syphilis makes no ravages in the Society Islands, and notably, in the island of Tahiti. The diet, essentially light, of the inhabitants, who live upon fruits and vegetables alone, and whose drink consists chiefly of emulsions of coca; their frequent baths, the high temperature of the climate, their natural indolence, which opposes all fatigue, the root of the ava, which intoxicates them, and which causes copious perspiration, are for them, the most active and most efficacious modes of treatment.

Sonnini and Bruce affirm "that in Egypt syphilis is cured by a slight-

ly restricted dieting, or by very simple remedies." Such is the case also in Numidia.

The non-mercurial treatment, was a sort of revolution in the management of syphilis. It was at the time when the views of Hunter, Balfour, Adams and Carmichael, concerning the plurality of the virus, commenced to take root in England. France was then at war with Spain; Sir William Fergusson, Surgeon of the English army in Portugal, having occasion to observe the disease in the great hospitals of that country, remarked that "the mercurial treatment was very little employed by the native venereal surgeons."

The primary ulcers were combated by local means alone, and it was only in civil practice that they occasionally associated with the local treatment decoctions of roots, &c. Affections of the throat were treated by stimulating gargles, and they were often cured as quickly as the chancres. Mercury was given only in affections of the bones, but these were very rare, and often so slight as to be considered as rheumatismal, and cured by a few doses of calomel, Dover's Powder, guaiacum, or warm baths. Nevertheless, the disease showed a greater intensity among the English, to which however, a febrile state, caused by the unaccustomed heat of the climate, debauchery, and excesses of all sorts, contributed. With them, the disease nearly always assumed a phagedenic form, and commenced by a violent inflammation, with high fever, requiring an active, and especially an antiphlogistic treatment. These circumstances led Fergusson to believe, either that vegetables have more pronounced antisyphilitic properties in warm climates than in cold, or that the disease was so benign in Portugal as to result in a spontaneous cure, after having accomplished a certain evolution.

The numerous patients treated in the tropics by sudorific woods, by opium, &c., and who have been cured, evidently owe their cure as much to the effects of the climate as to the influence of medicines, which have at most, played the role of adjuvants.

Thus, gentlemen, I have given you a summary of the views of the leading foreign Syphilographers. Now, let us glance over the work done in this line by our own countrymen. Prof. Bumstead in his work on Venereal Diseases, states that "the chief remedies which are supposed to act directly in the cure of syphilis, are mercurials and iodine, and their compounds. By far the most powerful agent in the treatment of the chancre, and the earlier general symptoms, is mercury. As the disease progresses

the iodides gradually begin to exercise therapeutic influences." Van Buren and Keys, of New York, in speaking of the treatment of early syphilis, advise that "general treatment be commenced as soon as the diagnosis of syphilitic chancre be made. Under the kindly influence of mercury, the chancre heals, the early symptoms fade, and if given continuously, and intelligently from the first, syphilitic fever rarely amounts to more than a little pallor, with occasional osteocopic pain." Mercury properly administered, they claim "may be given for years without injury to the individual, and that it is necessary to continue its use for a year, unremittingly, at the very least."

They prefer the Iodides in the later or tertiary manifestations of syphilis, and say, "the more purely gummy any lesion, the more certain will it yield to the Iodides." According to the experience of these authors, the treatment should last at the very least two years; one year with mercury, and one year with mixed treatment. Then the patient should be put for a while upon a tonic, and finally allowed to give up treatment. This is the treatment termed by them, "treatment by extinction."

Having given a *resume* of the remarkably conflicting views of different writers upon this subject, I may here explain that it is not my purpose to attempt any extended criticism.

Many of the investigations made concerning the treatment of syphilis reflect great credit upon their authors; yet in many instances there is proof that, when either mercury or the iodides have been experimented with in syphilis, they were used either hurriedly or injudiciously. Now, I presume it will be admitted, as a fact, that a short course of mercury, with salivation, is not the same thing as a long course without ptyalism; it is also equally true the iodides are not equally potent in *all* forms of syphilitic disease, for while they are comparatively inert in the earlier stages, yet, on the other hand, in cases of gummy tumors, wherever situated, for all sorts of brain lesions, for all kinds of nervous symptoms, all visceral changes where the parenchyma of organs is involved, for many forms of ulcers, and inveterate cutaneous lesions, the Iodides hold the very first rank in value, and their skillful use yields marvelous results. No one, who can trust the evidence of his senses will dare to disbelieve that mercury can make an indurated chancre melt away; or that it can accomplish with wonderful rapidity the disappearance of most of the forms of the secondary rash. Here the question might be raised whether in accomplishing the disappearance of the symptoms, we have done

anything really for the *cure* of the disease, and although I have been in the profession less than ten years, yet I remember having heard the argument urged, not to begin internal or general treatment as a prophylactic or preventive against secondary syphilis. It was then held, by treatment, you could interrupt the regular evolution and succession of syphilitic phenomena, but could not altogether prevent their occurrence; and by postponing the secondary eruptions they would be sure subsequently to appear in an intensified form.

For several years past close observation upon the effect of small doses of protiod. hydrar., from the one-sixth to one-tenth of a grain, given two or three times a day, the diagnosis of syphilis having been established, has more and more inclined me to the conviction that if given when a true chancre is just beginning to show specific induration, it will almost surely put a stop to it. To see a chancre increase in hardness and size after its possessor has come slightly under the influence of mercury is one of the very rarest events.

If this treatment be perseveringly and intelligently followed up for months, or even a year or more; or so long as the natural history of syphilis would induce us to believe the secondary form of the disease should continue,—then, as the time for the tertiary form approaches, discontinue the mercury and administer the iodide of potassium in eight or ten grains, three times daily, alternating the iodide of potassium with iodide of sodium, and continuing this course for seven or eight months,—finally terminating the treatment by directing ½oz. cod-liver oil, and 15 or 20 drops of syr. iodide iron and manganese given in combination after each meal, for three months, it will, when carried out, with anything like an approach to regularity, not only throw disorder into the natural succession of the appearance of the eruptions and postpone their outbreak, but, in a large morjority of cases, prevent them altogether, and, in those cases where it fails to prevent them, invariably lighten their character and shorten their duration. One of the chief obstacles in the way of cure, is the great difficulty we have in inducing a person who has no evidence of disease appreciable to himself, and who feels perfectly well, to persevere in so protracted a course, but this regularity having been secured, I have used this treatment each year more and more perseveringly, and have begun it as soon as the diagnosis could be considered certain. The result has been, that whilst formerly pursuing the expectant or repressive plan of treatment, whenever the chancre was well indurated, I always expected constitutional

symptoms in spite of treatment, I now regard their appearance, with any degree of severity, as quite exceptional. Each year of additional experience has made me more confident that this plan of treatment if carefully and fully employed, is capable of procuring the complete extinction of the malady. The facts which we possess seem to warrant the opinion that it really destroys the virus; that it prevents its breeding in the blood, if that process has not already taken place, and if it has, cuts short its life in the tissues.

Inasmuch as it is my object in discussing this question to elicit the opinions of others, as well as to record my own, I respectfully lay the subject before you, and ask the free expression of your views.

## URETHAL RHEUMATISM.

BY L. MCLANE TIFFANY, M. D., PROFESSOR OF OPERATIVE SURGERY, UNIVERSITY OF MARYLAND.

The term heading the following remarks is used in place of the more common synonym gonorrhœal rheumatism, because while designating the same disease it expresses with greater accuracy the affection in question, which may make its appearance in exceptional instances, independent of venereal poison.

The nature of urethral rheumatism is obscure, "and there is a vague suspicion in the profession that there is something analogous to mild pyæmia about the condition."*

While the cases below do not add to the existing knowledge as to "what is" urethral rheumatism, yet certain peculiarities may be remarked as more or less common and therefore worthy of passing notice.

CASE No. 1. W. L., aged 21 years, contracted gonorrhœa, twenty-five days before coming under observation (Nov. 20.) Was then treated with an injection of zinc sulph. gr.ij to water ℥i. In ten days the urethral discharge had diminished to an almost imperceptible amount, when on awakening in the morning the right knee was found swollen and painful, then the left knee two days later, followed by right

*Van Buren and Keyes, Genit. Urin. Dis with Syph., Page 81.

elbow, and both ankles. The joints on the right side of the body were more painful than those on the left. No return of urethral discharge was noticed, and the joints recovered in order of their implication more or less. At present (May 20), while the ankles are somewhat painful when bearing weight, the chief complaint is directed to the sole of the foot just in front of the anterior extremity of the os calcis. The patient keeps the feet firmly bandaged, believing thereby that he is able to walk better. W. L. had not suffered from clap prior to his present attack

Examination by bulbous sound showed a meatus able to admit with difficulty No 11, E.

It is scarcely necessary to mention that the patient has run the gauntlet of the pharmacopœia. Tincture of the chloride of iron, and blisters to the affected joints seem to have been followed by as much improvement as anything else.

CASE No. 2. J. L. aged 30 years, has suffered from clap six (6) times. After the last three attacks he has suffered from rheumatism, each rheumatic attack lasting longer that the preceding one.

November, 1878, after intercourse a slight discharge (urethral) appeared, also some knee joint affection, which, however, lessened under an astringent injection. Three weeks later he again had intercourse with a woman of the town, which was followed by a profuse urethral dischage, and in three weeks rheumatic troubles made their appearance. The joint of the right great toe, metatarso-phalangeal, was first affected, then right ankle, left ankle, both knees, and shoulders. The left joints were more painful than the right. Motion in left shoulder is limited somewhat, and will probably remain so. For three months urethral and articular troubles continued, then the former ceased, sweatings were of frequent occurrence. Pain is complained of in the sole of the foot as in Case 1st, (May, 1879).

Examination by sound shows a meatus admitting No. 9, E. while at seven inches from meatus the bulb shows a constriction, No. 5, E. only passing. By pressing on the urethra just behind the meatus perhaps half a drop of sero-pus could be made to appear at the orifice.

CASE No. 3. J. M., aged 33 years, came under observation March, 1879, and gives following history. Has suffered from gonorrhœa four times each attack being followed by rheumatism.

Gonorrhœa for the first time some years ago, for which he took balsam copaiva, but used no injection, discharge ceased on the fourth (4th) day, on fifth (5th) day swelling of knees, etc. Remained

nearly four months in hospital, this being the lightest of all his attacks.

Gonorrhœa for second time gives nearly same sequel of events with a sojourn of seven (7) months in hospital, and persistent pain in sole of foot just in front of heel for a long time after discontinuance of treatment.

Gonorrhœa for third time about one year ago. Intercourse March 17th, 1878, clap appeared March 25th, synovitis of knee April 2nd. Sojourn in hospital lasted nine months, during which a variety of treatment was had recourse to. At one time he took 150 grs. of potass. iod. daily. Night sweats were marked during this attack.

History of his present attack is; intercourse, in two weeks clap, treated at once by injections of Zinc. Sulph. gr.ij to water ℥j, disappearance of discharge in six days, to be followed the next day by swelling, etc., of knee. The advent of synovial trouble was very sudden, his statement is "I was all right when I started from the wharf, and when I reached my ship in about five (5) minutes I had to be lifted on board."

Joints involved in order as follows: Right knee, left knee, right shoulder. Joints on right side more painful than on left side of body. Pain is complained of below right acromion, severe on pressure.

In all his joint troubles and four disasters entitle his opinion to respect, blisters have given the greatest relief, next in order the wet pack has been most agreeable. No internal medication has seemed to be beneficial, and many drugs have been tried.

Examination shows no urethral discharge, moderate hypospadias the anterior opening of canal admitting No. 11. E., bulb with difficulty. This last attack is the most severe one of all.

As in case 2, a little sero-pus could be made to appear at the meatus by pressing behind glans.

Case No. 4. T. B., aged 24 years, came under observation May 6th, 1879. Had no urethral discharge, and had never suffered from clap. He complained of difficulty in passing water. Examination showed slight hypospadias, the meatus being composed of cicatricial tissue through which a filiform bougie only could be passed. One year since, he contracted a sore during intercourse, which on healing left the parts in the condition described. The meatus was slit, a bulbous sound detected no further urethral trouble.

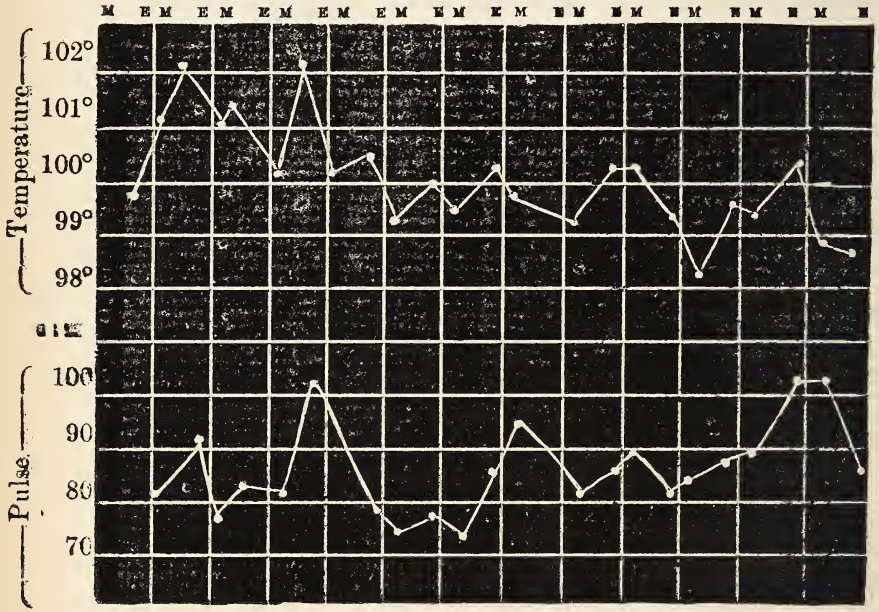
During the following night the patient experienced a severe chill followed by fever and sweating.

May 7th Slight pain complained of about left clavicle.

May 8th. Violent inflammation of left sterno-clavicular articulation and left shoulder, the former the most severe. Much swelling of joints, ordered opium q. s. to obtain relief.

May 9th. Pain in affected joints not diminished. Patient unable to move left arm at all. Suffered with a profuse sweat during the night. Ordered large blister over each of the affected joints. To continue opium.

May 10th. Joints less painful though swelling not diminished. Blisters had drawn well, and were dressed with cerate. Opium required to small amount—only. From this time the progress towards recovery was rapid. Appended is chart of temperature and pulse.




The subject of urethral rheumatism has been so thoroughly treated by some of the later authors, notably Van Buren and Keyes in work already cited, that it is necessary to call attention only to those points in the histories given above which vary from the usual run. The most striking observation is that in each patient there was found a meatus not so large as it should have been. I speak diffidently, for there prevails largely at this time among physicians an idea that the urethra is made in order that it shall fit closely a steel rod as prepared in instrument shops according to a mathematical scale.

The meatus in Case 1 and Case 3, admitted 11, E. bulbous sound. Case 3, was hypospadiac when almost invariably the meatus is contracted. Case 2. measured 9, E. and seven inches from the meatus a contraction equal to 5, E. was found. No. 4 was hypospadiac and had a filiform meatus.

Cases 2 and 3, showed a local inflammation just behind the meatus as evidenced by the drop of pus found. Case 4, obtained his arthritis without a clap, simply because the meatus was incised, nor had he at any time suffered from gonorrhœa. While personal peculiarity is usually accepted as the reason why rheumatism follows urethritis, yet one is tempted to put forward the hypothesis that a narrowing of the urinary channel, may have something to do with the continuance of the arthritis, if not with its production, and one is also tempted to suggest that the contraction is apt to be near the anterior extremity of the channel. That a narrowing of the meatus may keep up an inflammation of the anterior urethra there is no doubt of, nor is there doubt but that incising the meatus, Case 4, was followed by a most successful arthritis; there remains the fact that the urethra of Case 4, was explored, and found healthy after division of the meatus, but I think it more likely that the cutting caused the joint affection rather than the transit of a warm well oiled bulb, along a healthy urethra. Case 4, hypospadiac to the extent of nearly an inch so that the incision was made through that portion of the urethra in which inflammation would tend to be localized were the meatus contracted. I do not find in accounts of urethral rheumatism reference made to the calibre of the urethra; information on this point is much to be desired. The meatus of the present day has attributed to it many wonderful reflex (?) capabilities, I appear to add one other to the list, hypothetically at all events.

The following case bears on the point in question: In 1876, a man fell under my observation suffering from debauch; he complained of the knee telling me that after a drinking bout he sometimes had urethral discharge with enlargement of the knee together with pain. He was very nervous, and unwilling to submit to treatment for the joint trouble; the meatus appeared greatly contracted, but he would permit no measurement, and I did not see him again.

Given a gonorrhœa with arthritis as complication, it is natural to suppose that a continuance of the urethral discharge would tend to keep up the joint complication, so that a contraction of the urethra in this way might complicate matters still more, and in view of Case

4 it appears possible that inflammation near the meatus may by itself originate joint inflammation.

An individual may suffer from gonorrhœa many times without rheumatic complications, but the affection occurring once, it will always accompany a succeeding gonorrhœa. Case 2, illustrates this point well, where of six attacks of clap, joint inflammation has appeared with the last three. So marked a clinical fact suggests an anatomical cause, may not that cause be a stricture produced during a previous clap, and once formed persisting?

Febrile re-action was moderate in all the cases, as compared with acute rheumatism thus following the usual history, but in Case 4, the local pain was agonizing, a departure from the ordinary type. Sweating during urethral rheumatism is generally considered to be of rare occurrence, yet Case 2 had sweats, Case 3 says that he had profuse sweats during his third attack, and Case 4 had a severe sweat. Urethral fever is so generally accompanied by sweating, that reasoning by analogy, it should accompany urethral rheumatism; the same supposition would hold also if pyæmic infection had anything to do with the arthritis in question.

The increasing severity of successive attacks of urethral rheumatism is worthy of notice as also the unilateral tendency towards painful joints apparent in cases as reported.

The excessive infrequency of joint trouble in the female as a sequel to gonorrhœa, and the appearance of joint affection in the male as a sequel to irritation of the urethra other than gonorrhœal point strongly in the opinion of the writer to a non specific cause, resting possibly on the urethral anatomy of the sexes.

## CORRESPONDENCE.

### "THE OVARIAN CELL."

*To the Editors of the Maryland Medical Journal.*

GENTLEMEN: Since the publication of Dr. Christopher Johnston's case in which he found in some fluid taken from a cystic tumour of the neck cells very much resembling the Drysdale or ovarian cell a case has been reported by Dr. Hugh M. Taylor, of Richmond, Va., in which a cell similar to the Drysdale cell was found in the fluid of a testicle which had undergone cystic degeneration. In reporting his

case, Dr. Taylor states that the investigation of this matter will tend to the refutation of the idea which has so long prevailed—viz; that these cells are alone to be found in cystic degeneration of the ovaries, and are therefore pathognomonic of ovarian dropsy. Dr. Taylor evidently labours under the erroneous idea, very commonly entertained, that Dr. Drysdale claims that the ovarian cell is not to be found in any other fluid save that of ovarian origin. Dr. Drysdale makes no such claim. In a note to me, received a few days ago, he writes: "In regard to the ovarian cell and Dr. Johnston's reported case I have but to repeat what you will find in every paper on the subject, *i. e.*" That it is "a cell which I have discovered to be almost invariably present in these fluids, and which I have named the ovarian granular cell to distinguish it from all other cells *found in abdominal dropsical fluid; not meaning to assert that a cell having a similar appearance may not be found in cysts met with in other parts of the body.*"

By giving publicity to this explanation you will do a simple act of justice to Doctor Drysdale, and serve to correct the erroneous ideas that prevail in regard to the subject.

Very faithfully yours,

Baltimore, June 18th, 1879, JOHN MORRIS, M. D.

## CLINICAL LECTURE.

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, ON MAY 22ND, 1879, BY OSCAR J. COSKERY, M. D., PROFESSOR SURGERY.

*Gentlemen.*—This young man, aged 21, a strong, healthy-looking farmer, comes to us with this history: About three weeks ago he noticed a lump in the epigastrium on a level with the costal cartilages of the ninth ribs. This was painful on pressure, increased slightly in size for some days, but thinks it has decreased lately. He feels perfectly well otherwise, except that he sometimes has pain in his stomach before breakfast. Has never vomited, food digests well and he sleeps well. His family history is good. There is no history of a blow, fall or strain.

Upon examination a swelling is seen rising and falling with the aortic pulsation situated mostly to the left of the median line, at the spot where the rectus muscle is inserted into the lower costal-cartilages. This swelling on palpation gives the impression of being very superficial, is hard, and measures about $1\frac{1}{2}$ inch in every direction and is elevated $\frac{1}{2}$ inch above general surface, very slightly elastic. The patient winces when it is touched. A very perceptible up and down pulsation is felt, but there is no expansion.

Now to what organ can this be referred? Going from before backwards in their regular order in this neighborhood, we would come upon the integuments, abdominal muscles, left lobe of liver, lesser end of stomach, a portion of the pancreas, the aorta and ascending cava. I will exclude the idea of the skin being involved because it moves easily over the tumor. Passing to the liver and stomach, with an exception that I will mention presently, I think both these organs must be excluded for these reasons: Disease in them is generally of longer standing than three weeks. Again there is no interference with digestion, gastric or enteric. Still again the swelling does not move in deep inspiration and expiration. The exception would be acute localised abscess of the liver forming early adhesions to the abdominal walls. But in this disease we would have very great pain. Besides the absence of this symptom, air can be detected between the liver-dulness and the lump by percussion. As to the pancreas the only diseases that we would expect in it are tubercular or cancerous. But there can be found no tubercular deposits in the lung, and the family history is good; and cancer of this organ is peculiarly a disease of old age. Aneurism is I think excluded by the absence of expansile pulsation and also of bruit.

From the superficiality of the tumor, from the amount of pain on handling, from the fact that the tumor originated upon one, the left, side of the *linea alba*, from the non-interference with the general health, and by exclusion of all the other organs in this region, I believe this to be most probably an abscess situated in the sheath of the left rectus and undergoing absorption; notwithstanding the absence of ascertainable cause, and notwithstanding the apparent passage across the *linea alba*, the strongest argument, I think, against the diagnosis. The patient will be kept under observation and in the mean time, as a *placebo*, five drops of tinct. iron will be given thrice daily.

May 31st. The young man was shown to the class with the tumor

almost imperceptible both to touch and sight. Was discharged with instructions to report if there was any return, and had not again made his appearance up to June 20th.

## CLINICAL REPORTS.

### CASE OF SCARLATINA, FOLLOWED BY PARALYSIS OF THE TONGUE.

BY EPHRAIM CUTTER, M. D., BOSTON, MASS.

(*Read before the Baltimore Medical and Surgical Society, May 7th*, 1879.)

In March, 1876, a boy, John A. C., came home from school with headache and sore throat, he vomited and had high fever, wandered in mind, rash came out well all over the body, he went through the various stages severely and finally escaped unharmed; this case established the fact of scarlet fever being in the house.

Three weeks after E. P. C., a nursing child eight months old came down with the disease, after it was thought that he had escaped the infection. Little fever, no vomiting, rash developed well, some cankered spots in the mouth, but no dysphagia. The complaint appeared to be very mild, he simply drooped, and he was tended in the arms. On the third and fourth day after the rash came he sat up in his crib and played with his play things. In a week's time to all appearance he was as well as he had been, but he was tended in blankets with great care, and his mother congratulated herself that he had progressed so well. At the expiration of another week he began to droop again; he was restless and fretful in the night. The next day he was worse, and had to be held in the arms constantly. On the following night he had great heat in the head, pupils contracted down to a fine point, screaming and pain, at the same time trouble with the kidneys began. One teaspoonful only of urine was passed for twenty-four hours, for several days it was so. Color on the cloth was like coffee grounds, bowels naturally constipated. They had never been moved from the age of six weeks without medicine or injections; after he recovered their movements were natural. From the marked cerebral symptoms convulsions were feared. A purgative dose of calomel was given, before it operated we could see that his pupils

expanded to natural size, the head heat subsided, and after the bowels were moved he laid easy and quiet. The following day he seemed much better, but towards night he began to worry and cry; he kept putting up his hands to his ears and head. The attendants had no rest with him all that night. Next day both ears discharged an ichorous, offensive excretion, it excoriated both conchæ. Urine scanty, albuminous and coffee ground in color. General symptoms better, though the ear distress rendered him troublesome. About one week after this his mother noticed that his respiration was audible and that he sighed during his sleep. Ears still discharging and the discharges resisting ordinary applications. Next day he respired well enough when he was awake, but when he slept his breathing was audible all over the room with sighing sounds, this increased for four days.

During the day time he would be better, but at night worse, thinking that it might be due to an infiltration of the laryngeal mucous membrane, he was placed in an atmosphere of steam, the immediate effect was to increase the difficulty. For ten days subsequently the breathing was terrible when he slept, sometimes sounding like a rooster crowing, audible all over a three story house, sometimes a labored rattling. His face was livid, nails both of hands and feet lead color, from deficient æration of the blood, knees cold; they could not be got warm. At the worst he refused to suckle, previously while suckling he would fill his mouth, throw the head backwards and then by a great effort would succeed in swallowing one mouthful at a time. On baring the chest the intercostal spaces and the epigastrium were drawn in at each inspiration. Just as is seen in cases of diphtheria and croup with much membrane; evidently there was insufficient æration of the blood, even the hands were dusky brown. The left side of the neck was swelled so as to be even with the clavicles and to throw the head over to the other side, it was very painful to the touch. He would lie in his crib breathing fearfully; but he seemed easier when carried about, being put over the shoulders; when the decubitus was dorsal the breathing was the most labored. There were purpural spots and petechiæ. From being an unusually fleshy and robust child, he came to look like a little old man in premature senility. In order to give an idea of the severity of the case, the following incident is related: While ventilating the room, a comforter, that is a wadded blanket of cotton, was loosely thrown over the crib in which he lay—to protect the child from taking cold. The windows were opened for about three minutes. On removing the blanket

the aspect of the child frightened the attendants, they thought him dying as he gasped so much for breath, and his countenance was unusally livid; the fresh air soon revived him. This occurred during the improved condition though the urine was freer, but no albuminous and coffee grounds colored, diuretics did not seem to do any good. After ten days of this peculiar dyspnœa he began to improve when in an erect position during the day time, but when he did recover it was very rapidly. One night the nurse told the mother who was worn out, to lie down as he seemed easier. The mother slept several hours, and when she awakened her anxiety was relieved by not hearing the, to her, terrible breathing. During the sickness he could suckle only in an erect position—but during that particular night the nurse handed him to his mother in bed, and he sucked without difficulty, from this time the dyspnœa and the dysphagia ceased, constipation remained, urine less albuminous. On going to the eastern shore of Buzzard's Bay, the constipation disappeared in two days and has not returned.

Treatment, quinine suppositories by the rectum, calomel, nitre, and finally the cirate of iron and strychnia, atomization of various substances—the nascent chloride of ammonium &c.

Every means were employed that council and an anxious physician father could suggest.

The venerable and now deceased Dr. William F. Stevens, of Stoneham, Mass., Drs. Morrill, Wyman, Bemis and Norris, of Cambridge; Dr. Wheeler, of Chelsea; Dr. Horace Chapin, of Somerville and Dr. S. Warren Abbott, of Wakefield saw the case in consultation. The diagnosis is peculiar. Certainly there was scarlatina, but the combination of the paralysis of the tongue was unusual, if anything can be judged from the large experience of those practitioners who saw the case. The venerable Dr. Bemis had seen one case, that of his own child, in which the dyspnœa lasted for six months, it recovered. Dr. Amasa Bacon, of Sharon, Mass., said that he had one case that recovered. Dr. Israel H. Taylor, of Amherst, Mass., said to the writer that he had a similar case, but it died in a short time. In the present instance it seemed as if the tongue fell backwards the moment sleep occured. Had the case been one of diphtheria it would have been understood. Could it have been a combination of both?

The Use of Salicylic Acid in Relieving the Otorrhœa.—For years I have been in the habit of discarding wet substances in the treatment of otorrhœa, as I believe that the natural condition of the meatus auditorious externus is one of dryness not wetness. Hence,

I have found the plan of clearing off the foul excretions with a pledget of absorbent cotton twisted on the extremity of a wooden tooth pick to be a good method of relieving the ear. The square sides of the rectangular tooth pick allow of rotation which both serves to fasten on the cotton, when the twirl is in the direction of the original one, to wipe out the meatus and after this reversing the rotation to untwist and easily remove the used pledget which is thrown away.

In the present case under the microscope I found evidences of life in the excretion of the ears and being a believer in the cryptogamic origin of scarlet fever I thought that the vegetation would be destroyed by carbolic acid—but as it was a wet preparation, I substituted its cousin salicylic acid. At this time I knew nothing about the report of Dr. Chisolm, of Baltimore, on this subject, nor that any one else had ever used it for this purpose. I feel great pleasure in offering the following result to sustain the position of this eminent aurist: To resume—the meatus was cleansed as above described, and with a laryngeal powder insufflator, the meatus was filled full with the salicylic acid in powder, it produced no iritation but, wonderful to relate to my surprise, the discharge instantly ceased and did not return until during the convalescence. In some manner the child took cold—the cervical glands swelled and the ear began to discharge a thin, ichorous, excoriating excretion as before, the mother was directed to apply the acid; it was done inefficiently and without any good result. On myself cleaning out the meatus and depositing the acid inside filling up the meatus—the discharge was instantly checked and has not re-appeared. This to me was novel and gratifying, one swallow does not make a summer, still new experiences must begin with new cases, and if so understood should not make a wrong impression. But since I find that I am only following in the steps of Dr. Chisolm, I feel still more that my experience confirming that of his is of sufficient value to be known for the benefit of the sufferers throughout the land who from incurable aural scarlatinal excretions are many of them made deaf and dumb for life. I am not prepared to say that my experience will be repeated on a larger scale—no one knows this. But I do say that if it should be repeated it would be a great addition to our means of treating these cases.

Finally please to note, that when the mother made the application the medicine failed, but when it was applied by a skilled hand it was a success. The lesson taught is to see that the application is thoroughly made after the meatus is thoroughly cleaned.

# SEMI-ANNUAL REPORT OF PRACTICE OF MEDICINE.

BY EUGENE F. CORDELL, M. D., BALTIMORE, MD.

The question "Is a murmur essential to a knowledge of disease of the aortic valves?" "is answered negatively in a paper entitled "*The Premurmuric Stage of Aortic Valvulitis,*" read before the Harveian Society, of London, by Dr. Fothergill, Nov. 7th, 1878, and reported in full, with the ensuing discussion, in the *Edinburg Medical Journal* for February, 1879. According to the author the second sound is due to tension of the semilunar valves, and may be modified by changes of blood-pressure in the arteries, or by structural changes in the cusps themselves. Aortic valvulitis may result from rheumatic endocarditis, but here a murmur is soon audible; it is ordinarily associated with severe toil, and the high blood pressure of lithiasis (which includes gout), or chronic Bright's disease. It is very common in men who wield a heavy hammer in foundries and ironworks. Fothergill examined the "strikers" whilst at work, and found their circulation much excited and heart beating violently; all their muscles are brought into play, with consequent compression of the arteries. The result is hypertrophy of the left ventricle and accentuation of the aortic second sound. They have frequent palpitation, the action of the heart being excited by slight effort. If their occupation be now exchanged for a lighter one, the trouble disappears. Generally, however, hypertrophy continues, the elastic arteries are excessively distended, and the rebound (which is in direct proportion to the distension), drives the aortic valves violently together, and there results valvulitis. This is a slow parenchymatous inflammation, a nutritive change, which may first strengthen the valve cusps, but ultimately the contractile tendency of pathological connective tissue certainly mutilates and renders them incompetent to close the ostium on aortic recoil.

In elderly persons, chronic aortic valvulitis occurs from gout or Bright's disease. The order of sequence here is, first, contraction of arterioles, then rise of blood pressure in the arteries, then hypertrophy of left ventricle, with hard and incompressible pulse, great tension

on aortic valves on the aortic rebound, finally accentuation. The tension leads to trophic changes and the arteries are apt to exhibit atheromatous degeneration.

Accentuation may be present for years, and does not necessarily indicate valvulitis, or that a murmur will follow, yet it commonly precedes the murmur which indicates disease of the aortic valves. With a clearly accentuated second sound and hypertrophy of the left ventricle we may suspect commencing aortic valvulitis. Under such circumstances, an active young man should lead a quiet life, perhaps changing his occupation, when in many cases the aortic mischief will be brought to a standstill. In a middle-aged or elderly person excess of nitrogenized waste in the blood is the cause of the high tension, which starts atheroma in the arteries and growth of connective tissue in the aortic valves. Here we should reduce the amount of meat eaten, give potash and colchicum regularly; by thus cleansing the blood, we cause the morbid changes to cease.

Dr. Fothergill is inclined to believe that there is an intermediate stage between the accentuation and the actual development of a murmur, characterized by a muffling of the aortic second sound, as the thickened edges are brought together. He quotes leading authorities in support of this hypothesis, but all are not agreed upon this point.

He exhibited before the society a young man, a "striker," who eighteen months before had had hypertrophy, and excited heart-action with marked accentuation; he had given up his occupation and now there was no accentuation. Should a murmur develope subsequently in this case the intermediate stage would, he thought, be almost proved.

In the discussion which followed the reading of the paper, all the speakers agreed with Dr. Fothergill as to the occurrence of accentuation and hypertrophy preceding the appearance of a murmur, and indicating undue strain upon the valve, but none were disposed to accept the intermediate stage.

Dr. Broadbent had seen cases of accentuation go on to angina, and to regurgitation, and had known the accentuation to co-exist with a diastolic murmur. Dr. Sansom thought the conditions pointed out by Dr. Fothergill, would be found to exist comparatively rarely. It seemed to be generally conceded, that absence of disease at the aortic orifice could not be considered as proved by the absence of murmur.

In connection with this discussion, I recall attention to a very interesting and original paper, read by Dr. Lynch, before the Baltimore

Clinical Society, May 11th, 1877, and published in the MARYLAND MEDICAL JOURNAL of the following July.

Dr. Lynch states that for more than three years he had noticed a connection between Bright's disease and a condition of the heart characterized by hypertrophy of the left ventricle, muffled first and strongly accentuated second sound. Whenever this condition had been met with, he had found Bright's disease invariably present, and hence he had in many cases been able to make a diagnosis of the latter disease earlier than would otherwise have been possible. The explanation which he gives of this relationship is as follows: The urea present in the blood in excess acts as an irritant to the vaso-motor nerves, causing contraction, and consequent increased tension of the systemic arterioles; this increased tension of the muscular coat, being kept up, leads in chronic cases, just as over-use of any other muscular tissue, to hypertrophy, preventing the passage of blood through the vessels, and inducing continued and extreme distension in the aorta and larger arteries, which possess elastic tissue only. Thus the retrograde movement of the blood, at the end of the systole, is much increased, the semilunar valves close with corresponding force, producing a loud and sharply accentuated second sound.

The muffling of the first sound, he attributes to vibration of the walls of the aorta, produced by the outrush of blood during the systole.

It is evident that great credit is due Dr. Lynch for having, already five years before, made these observations, the importance of which, in a diagnostic, prognostic and therapeutic point of view, is so strongly emphasized in the above discussion before the Harveian Society.

### TREATMENT OF RHEUMATISM.

Since the discovery of the therapeutic value of salicylic acid and the salicylate of sodium, the subject of *acute rheumatism* has acquired a fresh interest and much has been written in the journals upon it. One of the latest contributions, consisting of two lectures, delivered by Prof. Stillé last winter, before the class at the University of Pennsylvania, appeared in the *Medical Record* of Jan. 11th and 18th. The eminence of Prof. Stillé, his known conservatism, and the somewhat remarkable views which he expresses, induce me to give the following abstract of *treatment* recommended in these lectures:

The treatment of simple acute articular rheumatism may be aban-

doned to palliatives and nature; such cases nearly always get well under rest and good nursing. *No treatment was ever invented which stopped a case of acute articular rheumatism; it cannot be accomplished by salicylic acid or anything else.* Where rest, proper diet and warmth are enjoyed, most cases will get well just as soon without as with the use of other remedies. Purgatives are condemned. Opium of all remedies is the most likely to cause complications in the heart. Colchicum is useless. Quinia in large doses as used by the French, is a profligate waste of a precious medicine; even those using it had to acknowledge that it did good only in subacute and mild cases.

The treatment of hyperpyrexia by baths at 60° to 98° F. is condemned as liable to lead to fatal congestion of the lungs and brain.

Cardiac and nervous sedatives (aconite, digitalis, veratrum), may reduce the pulse, but do not shorten the disease.

Blisters and alkalis are the most reliable remedies; they act by changing the blood from acid to alkaline. He is unable to explain how blisters produce this effect; to do so they must be applied over all the affected joints. They relieve the local symptoms and diminish the amount of fibrin in the blood.

Alkalis neutralize acidity, act as diuretics and eliminate the materies morbi. In very large doses their effects are marvelous: The pulse falls, the urine is increased and becomes alkaline, inflammation subsides and symptoms moderate, the duration of the attack is shortened and cardiac complications are prevented.

The following formula is recommended:

| | | |
|---|---|---|
| ℞. | Sodii Bicarb. | ʒ iss. |
| | Potass. Acetat. | ʒ ss. |
| | Acid. Citric. | ʒ ss. |
| | Aquæ | ℥ ij. |

Give this every three hours until the urine is rendered alkaline. On the subsidence of active symptoms, two grains of quinia may be added with advantage. Gradually discontinue the alkalis, but continue the quinia.

No solid food should be allowed. The patient should be in bed between blankets and woolen cloths moistened in alkaline solutions and laudanum wrapped about the joints; subsequently rubbing with warm oil and chloroform or sea-bathing to prevent stiffness. Atropia gr. $\frac{1}{30}$—$\frac{1}{60}$ will check the sweating. In the febrile stage lemonade and carbonic acid water, with farinaceous diet and mucilaginous drinks

are advised. The alkaline treatment relieves pain, abates fever and saves the heart by lessening the amount of fibrin in the blood.

With reference to salicylic acid and salicylate of sodium, he says that he has *no personal knowledge* of them in rheumatism and was at first dissuaded from using them by a prejudice against the grounds on which they were recommended, and more recently by the contradictory judgments and unquestionable mischief, they have sometimes caused. They are accused of producing disorders and even grave accidents in almost all the functions of the economy; in some cases ringing in the ears follows, or deafness, or rapid pulse, or excessively high temperature, or panting respiration, or profuse perspiration, albuminuria, delirium, or imminent collapse. In one published case the remedy did not lower, but seemed to raise the temperature so high that immediately after death, the thermometer showed 111° F. Many, very many analogous cases have been published.

To condemn in such sweeping terms these important remedies, which have received the highest commendation from so many quarters, and that without any personal knowledge of them, does not give us a very favorable impression of Dr. Stillé's impartiality, and is not likely to have much weight with those who give the matter serious attention.

Having *had* some personal experience in the use of these agents in rheumatism, and this being altogether at variance with the statements of Prof. Stillé, I have felt suffiicient interest in the subject to review the periodical literature of the last four years, during which these agents have been in use, and I have not found one instance in which any bad results are reported from their employment in acute rheumatism; on the contrary the universal experience has been that they possess a marvelous power of reducing the temperature, relieving the pain, and cutting short the disease, a power which is not approached by any remedy hitherto employed in the treatment of the disease. Indeed in a matter where there is such unanimity of opinion, it would be entirely superfluous to argue in favor of this view, but for Prof. Stillé's objections, and he certainly could not entertain such views if he had had the personal experience which alone should justify such a condemnation as he has given.

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Multiple Cerebro-Spinal Sclerosis.—Since the genius of Charcot added a new disease to our nosology, *multiple cerebro-spinal sclerosis*, heretofore on account of its most prominent

symptom confounded with paralysis agitans, a fresh source of interest has been added to the study of neurology, and cases of the new disease have from time to time appeared in various journals. A case occurring under Dr. DaCosta's observation is given in the New York *Medical Record*, of April 5th, and another of Dr. Arnold, published with the proceeding of the Academy of Medicine, in the March number of the MARYLAND MEDICAL JOURNAL. The very great difference in prognosis renders it exceedingly desirable to be able to distinguish the two diseases named from each other.

A writer in the *Medical and Surgical Reporter*, of April 26th, gives the following points of contrast:

| MULTIPLE CEREBRO-SPINAL SCLEROSIS. | PARALYSIS AGITANS. |
|---|---|
| Commences with vertigo, uncertainty of gait, psychical disorders, headache. | No brain symptoms. |
| This is followed by paresis and paralysis to which latter the shaking is added. | Begins with fine tremor, after whose existence for some time gradual impairment of motion sets in. |
| Impairment of sight, nystagmus (lateral rolling of eyeballs), and impairment of speech. | No such symptoms. |
| Rarely ever, and then very mild sensory disturbances. | Always disturbances of general sensation. |
| Apoplectiform attacks, gastric crises. | No such symptoms. |
| Tremor consists of long oscillations, real shaking. | Tremor resembliug very small fine oscillations. |
| Shaking only on motion. | Trembling constant, not specially influenced by motion. |
| Disappears in recumbent position totally. | Does not change with position. |
| Head always affected. | Never. |
| Bulbar symptoms (*i. e.* referable to medulla oblongata). | None. |
| Bladder and rectum always implicated. | Never. |

| | |
|---|---|
| Occasional sudden disappearance of all the symptoms for a greater or less time. | Continuous to death from other cause. |
| Always fatal. | Does not seem to influence duration of life very much. |

The pathological differences are equally marked. There are no visible anatomical lesions, at least in most cases of paralysis agitans, whilst multiple sclerosis is always accompanied by more or less numerous spots and nodules scattered all through the nerve-centres, of a grayish-yellow color, a jelly-like consistence, one-half to four inches long, and showing under the microscope the features of an interstitial chronic myelitis. The trabeculæ of the neuroglia are thickened, and we find in these sclerotic patches, proliferation of the nuclei, large spider cells, granual transition into fibrillated connective tissue, parallel bundles of fibrils close together and between them remains of the medulla, fat and granule cells, free fat, &c. (Erb.)

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A Case of Recovery from Leprosy was reported lately by Mr. Jonathan Hutchinson to the Royal Medical and Chirurgical Society (*Lancet*, Feb. 15th, 1879). The patient was a Jewess, born of parents, who had lived only in England, of a family in which no leprosy taint existed, and had been under Dr. Hutchinson's observation for twenty-seven years. At the age of 32, she went to live in Jamaica; twelve years later she returned to England with severe leprosy. The tubercular and anæsthetic symptoms were combined, there were dusky and insensible patches of skin, with paralysis of one ulnar nerve and the face was covered with thickened and indurated folds of skin. There is still paralysis of one ulnar nerve and many patches of skin are deficient in sensation; there are also permanent changes in the eyes. In other respects, however, the cure is complete, and would seem to be permanent since twenty years have elapsed since her recovery.

Dr. Hutchinson attributed the cure not to the change of air and climate but to change of diet, and especially to the abandonment of fish. Drs. West and Macnamara questioned the influence of fish in causing leprosy; the latter added that the disease comes rather under the category of endemic diseases and not improbably has some connexion with the presence of filariæ in the blood.

Dr. Hutchinson replied that he did not mean that the mere consumption of fish was alone necessary, but fish under certain condi-

tions; speaking roughly leprosy is present when fish is consumed and especially in hot climates where being taken out of heated waters, it rapidly becomes unwholesome. Sir Joseph Fayrer said there were districts in India where putrid and decomposing fish was the most favored food of the inhabitants, yet leprosy was almost unknown there, whereas, it abounds in the Himalayas, where fish-eating is impossible.

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Dr. Fothergill in writing on the *treatment of early Phthisis*, in the *Practitioner*, says,—it is more important to study the tongue than to go over the chest with the stethoscope, and that attention to the stomach and bowels is just as essential as the treatment of night-sweats. When the tongue is covered with a thick fur, it is nearly or quite useless to give iron or cod-liver oil, for the tongue is the indicator of the state of the intestinal canal, and absorption through the thick layer of dead epithelial cells is impossible. In this state, it is well to give a compound calomel and colocynth pill every night, and a mixture of nitro-hydrochloric or phosphoric acid with infusion of cinchona, thrice daily, until the tongue clears. When the tongue is raw, bare, and denuded of epithelium, the patient should take a mixture of bismuth with an alkali, and use milk diet. Seltzer water and milk will often agree when the milk alone is found to be too heavy and constipating. When the tongue has become normal, all drain from the alimentary canal must be checked, and cod-liver oil and iron administered.

The diarrhœa of the early stages of phthisis is readily checked by a pill of ferri sulph. gr.ss, and opium gr.j, rice-water being used as a drink.

In women, menorrhagia and leucorrhœa should be looked for and stopped.

The true treatment of hæmoptysis is founded upon a correct appreciation of its associations and concomitants.

The diet must be nutritious, and there must be plenty of fresh air.

In some cases blistering and strapping of the chest are useful.

Cough mixtures generally do more harm than good. Hydrobromic acid with spirits of chloroform makes a valuable remedy in affording relief from harassing cough. Night-Sweats are to be treated with belladonna, and oxide of zinc, or by aromatic sulphuric acid.

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Delirium Tremens.—Dr. Balfour in a clinical lecture published in

the *Lancet* of Feb. 1st, 1879, recommends very highly *chloral in the treatment of Delirium Tremens.* Very few cases, however, he says, yield to a less dose than gr.l, and a considerable number require a good deal more. He has never found it necessary to give more than ʒ ij of Liebreich's chloral in divided doses, and this quantity, though large, is not thus dangerous.

He makes the following statements:

1. An individual who has taken enough chloral to be affected by it gets rid of it at the rate of gr.vij per hour.

2. From the irritated condition of the mucous lining of the drunkards stomach, it is probable that the absorption of ingested fluids is not so rapid as usual; hence a moderate interval should be allowed between the doses.

Dr. Balfour is in the habit of giving gr.xl every hour for three times if necessary.

Should the heart be feeble, he gives each dose in ℥ ss to ℥ j of infusion of digitalis.

Pneumonia is no contraindication to the chloral treatment.

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Lumbago.—Prof. Stillé, in *Hospital Gazette*, for Feb. 6th, 1879, gives his views as to the *treatment of Lumbago*. In the acute form, the best thing to do at first (if the patient will consent, which he usually will not, if in private practice, until after the use of other and milder means), is to apply scarifying cups, to be immediately followed by narcotic fomentations, as a bag of hops soaked in hot water, hot vinegar or alcohol, applied directly to scarified parts. Opiates, if required, should be given early; the best forms are Dover's powder, in gr.x doses, and the hypodermic injection of morphia. These should take the place of the cups, if the patient refuse the latter.

Turpentine, ammonia and camphor liniments are excellent in their way. The iodide of potassium is a most valuable remedy; it is peculiarly beneficial in this form, in gr. v—x doses, every three or four hours; its effects in muscular rheumatism in other parts are not by any means so immediately successful.

Chronic Lumbago is very obstinate and difficult to cure. Counter-irritants (blisters, sinapisms, actual cautery, &c.) the best remedies. Thorough local friction and massage may succeed in some instances, where counter-irritants have signally failed. Dr. Stillé relies mostly upon tepid water applied to the part; though slow, the effect is permanent. The application is made by constant wet compresses, or by

allowing a stream of water to fall for some time from a height of eight to ten feet upon the part; after this briskly rub with a coarse cloth or a flesh brush, and then cover with cotton, or wool, or india rubber.

He very often advises tying a cloth over the lumbar muscles, and ironing them thoroughly, two or three times a day following this with a strong liniment.

If the patient is subject to attacks, the parts should be protected by wearing constantly a Burgundy pitch plaster, or one of the patent porous plasters; these protect and afford mechanical support to the affected muscles.

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In a review of "*The Science of Life*," (J. Burns, London, 1878), the *Edinburg Med. Journal*, of February approves the suggestion of the author that parents should enlighten the minds of their sons as to the true uses of their reproductive organs and the *evils resulting from self-abuse*, in order to remedy the evil of the habit of masturbation among the young. They are certain to obtain information on these matters from their companions, and it is better that they should be correctly informed than incorrectly.

The following rules are given as aids to the abandonment of bad habits, and to the stoppage of involuntary emissions:

1. Perfect cleanliness of the genital organs; if possible a cold bath every morning. (The editor thinks that circumcision would aid in lessening masturbation by ensuring cleanliness).

2. Abundant but not exhausting exercise of the arms and shoulders quite as much as of the lower limbs, since if these latter are exclusively exercised too much blood is directed to the generative organs.

3. Strict moderation in eating and drinking; avoidance as far as possible of late suppers, of rich, greasy, or highly-seasoned dishes and of meal and eggs except in small quantities.

4. Abstinence from tea, coffee and alcohol in every form.

Some cases have been reported in Germany of the successful use of *pilocarpin hypodermically in uræmic convulsions.* The occasional failure of venesection, chloroform, &c., makes it advisable to bear this new remedy in mind. The dose, thus used, is gr. $\frac{1}{6}$ to $\frac{1}{3}$. Whether the convulsions be due to œdema of the brain (as maintained by Traube), or to the accumulation of urea in the blood, in either case we might a priori expect the profuse diaphoresis following the use of pilocarpin to be beneficial.

Attention is called to the *danger of the imprudent use of chlorate of*

*potassium* in a recent number of the *Med. and Surg. Reporter*. A child of Dr. Kauffman took out of a box containing the chlorate, ʒ ss; severe vomiting followed, lasting seven hours, at the end of which death occurred from gastritis. A striking symptom was the profound lethargy, to which was probably due the absence of signs of pain on the child's part.

In another case, a young man, who took small doses for hoarseness, suffered from gastritis, vomiting, &c., every time he took the drug, on the discontinuance of which the symptoms ceased.

In a third case, the parents of a child, who had a slight diphtheritic attack, gave it freely for a gargle a saturated solution of the chlorate, most of which was of course swallowed, one ounce was thus used in six days. The result was that nausea, vomiting, diarrhœa, cyanosis and sleepiness supervened, ending in coma and death.

Prof. Pepper, in a clinical lecture on Acute Tonsillitis, makes three forms of this disease:

1. Simple acute inflammation.

2. The glands are engorged and their surfaces are dotted with whitish points (the distended follicles).

3. Violent inflammation with great swelling and suppuration of one or both tonsils.

The disease begins with a chill, followed by high fever, and in twenty-four hours, the patient complains of sore throat. The glands at the angles of the jaws are found enlarged, and the tonsils red, swollen, and engorged; but no pseudo-membrane is visible. The uvula is swollen and elongated. Frequently there is herpes labialis.

All varieties are usually attended with marked constitutional symptoms; in children they may be ushered in with convulsions. The temperature often reaches 103°—105°. In the phlegmonous form swallowing becomes impossible.

The voice is nasal and smothered. The treatment varies with the form. Guiac, useful in all forms, is almost a specific in the follicular variety, in doses of gr. iij—v every three hours.

Tinct. chlorid. ferri is another remedy, in doses of gtt. 20—30 in sweetened water, every two or three hours, proportionate doses being given to children.

Topical applications are also necessary, the most efficacious being a forty-grain solution of nitrate of silver, or a mixture of equal parts of tinct. ferri chlor., glycerine and water. You cannot prevent suppuration, as a rule, in the phlegmonous form, although an effort

should be made to do so. This failing, encourage suppuration by poultices, and as soon as palpations reveals fluctuation in the tonsils, an incision should be made, and the pus allowed to escape.

## RECENT PROGRESS IN OBSTETRICS AND GYNECOLOGY.

BY B. F. LEONARD, M. D., BALTIMORE. MD.

FIVE CONSECUTIVE UNNATURAL LABORS.—Dr. Morkton reports such a rarity as follows: placenta previa, arm presentation in a primipara, puerperal convulsions, persistent inertia and a hydrocephaloid monster.—(*British Medical Journal*, April 5, '79).

EXPRESSION METHOD IN HEAD PRESENTATIONS.—Prof. Bidder thinks it may replace forceps in many instances where there is simply a defect of expulsive power. It is not applicable in the first stage. It should be a steady pressure and if any serious destruction to the onward progress of the head exists, as defect of rotation, other means (forceps, &c.,) must be employed. Continued pressure on the placenta may asphyxiate the child. This method is less likely to lead to septicæmia than the use of the forceps; and it may be used as soon as the head passes the outer os, after rupture of the membranes.

A comparison of a large series of forceps cases with this method, gives much better results for the latter.

DYSTOCIA AND IMPAIRMENT OF INTELLECT IN CHILDREN FROM PREMATURE OSSIFICATION OF THE FETAL CRANIUM.—Dr. Blake calls attention to this cause of difficult labors and gives cases.—(*Amer. Jour. Obstet.*, April '79.) Dr. Thomas illustrates this point before his classes by an experiment. A fetal head, very soft and easily passing through the pelvis of a cadaver, is filled with plaster-of-Paris. When thus rendered incompressible it could no longer be drawn through the pelvis as before. The head may be no larger than a compressible one, but the cranial bones are hard, round on a level, and do not lap over. How shall we manage such cases? If the cause can be ascertained to exist, version is out of the question—perforation is our only resource and even then delivery may still be

difficult. Without perforation severe laceration of the mother is sure to occur.

To overcome repugnance to such an operation, it should be remembered that most children born with closed fontanels and ossified sutures, if not early cut off with symptoms of brain irritation and pressure become idiotic and epileptic.

Prof. Jacobi believes that "every child whose fontanels and cranial junctures have been prematurely closed, and who fall sick with symptoms of cerebral irritation or depression, is predestined to certain death."

The importance of diet and exercise during gestation goes without saying.

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Remarkable Cæsarean Operations.—Dr. Berthier (see Abstract in *Amer. Jour. Obst.* April '79.) reports two recoveries; both operations done without anæsthesia, the last one, with an old razor without a handle. There was pain only when the skin was incised and when the sutures were put in.

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On the Use of the Forceps and Its Alternatives.—Dr. Robt. Barnes (*Lancet*, May 18, '79.) discussed this subject in a very interesting way. He criticises Dr. Johnston's practice of frequent resort to the high forceps operation. The most serious objection to it lies in the difficulty of diagnosing whether it can be carried out. There are, for example, minor degree of obstruction, from slight pelvic contraction, from rigidity of the cervix uteri, or from slight excess in size or want of plasticity of the child's head, which the long forceps may succeed in overcoming, but we cannot tell, until we try, whether the forceps is equal to the trial or not—especially in primipara. We can but give up the forceps for turning or craniotomy. We may do much to overcome the rigidity of the cervix by copious warm water irrigation and the hydrostatic bags.

A careful survey of the annals of obstetric practice justifies the conclusion that neglect of the forceps entails abuse of craniotomy. You wait so long that at last the child has to be sacrificed to save the mother. Dr. Robert Lee, for instance, never used the long forceps and his forceps cases stand to his craniotomies as 1 to $3\frac{1}{2}$.

From a scientific point of view, craniotomy should never be the alternative for the forceps. We may take it that there is a "scientific frontier" against craniotomy, but we have not yet secured this frontier

and we may never acquire it absolutely. But it exists potentially and it is our duty to strive after it, by constantly advancing the outposts of the forceps and turning.

His conclusions are:

1. In lingering labor when the head is in the pelvic cavity, the forceps is better than its alternatives.

2. In lingering labor, when the head is engaged in the pelvic brim, and when it is known that the pelvis is well formed, the forceps is better than its alternatives.

3. In lingering labor, when the head is resting on the pelvic brim, the liquor amnii discharged, and it is known either by exploring with the hand, or by other means, that there is no disproportion, even though the cervix uteri is not fully dilated, the forceps will generally be better than its alternatives.

4. In proportion as the head is arrested high in the pelvis, in the brim, or above the brim, the necessity, the utility and the safety of the forceps become less frequent.

5. As a corollary from the preceding proposition, increasing caution in determining on the use of the forceps and greater skill in carrying out the operation, are called for.

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Battey's Operation; Double Oophorectomy.—In connection with the history of the operation of removal of the normal ovary. Lawson Tait shows that it was performed first in England, then 5 days after, it was first performed in Germany 16 days before it was performed by Dr. Battey. Taits' first case, was August 1, 1872; the history of the operation shows the objection to attaching individual names to operations.—(*British Medical Journal*, May 31, '79).

Prof. A. R. Simpson, (Do. May 24, 1879,) of Edinburgh reports a double oophorectomy with quite complete relief of extreme dysmenorrhœa. He gives a history of the operation. Dr. Blondell, in 1823, first suggested the extirpation of healthy ovaries in "the worst cases of dysmenorrhœa and in bleeding from monthly determination on the inverted womb where the extirpation of that organ was rejected." The first in point of time to remove the degenerated ovaries was Prof. Hegar (Freiburg), on July 27, '72, for intolerable ovarian neuralgia, the patient dying four days later. He did not repeat the operation until 1876. (The second operation was done by Lawson Tait, August 1, '72.) On August 17, '72, Dr. Battey (Rome, Ga.), without knowing that it had previously been suggested or attempted,

successfully performed the operation for menstrual distress which nothing had effectually relieved. The article has a complete table of this operation with remarks.

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Ligature of Pedicle in Ovariotomy.—Dr. Bantock (Do.) gives a first series of 25 ovariotomies. He advocates the use of the ligature on the pedicle. His points are; the pedicle should be free from strain while the knot is being formed; the ligature should not be too stout, usually No. 3 Chinese silk, or perhaps No. 4; *whipcord should never be used*; the number of divisions should correspond to the breadth and thickness of the pedicle—the chain-loop can often be advantageously used. The distal part of the pedicle should not be more than ½ to ¾ in. long. He catches up the pedicles, if long, with the lowest abdominal suture (these are *silkworm gut*,) to keep it from producing obstruction.

The results of his post-mortems show that the distal end of the pedicle (and ligatured omentum as well) does not slough, but the furrow caused by the ligature is bridged over by plastic lymph, capillaries are formed which nourish the stump, the ligature is encapsuled and finally absorbed.

## REPORTS OF SOCIETIES.

### BALTIMORE ACADEMY OF MEDICINE, MEETING HELD MAY 20th, 1879.

*Dr. H. P. C. Wilson* reported a case, in which he had found it necessary to produce premature labor on account of hæmorrhage. On the 27th of April, he was summoned to a consultation over the case, with two eminent accoucheurs of this city. The patient was not quite seven months gone. The hæmorrhage had begun in the third month, and had been constant up to the time when he was called in, being sometimes greater, sometimes less in amount. The physicians present inclined to the view of epithelioma, and it was with reference to this diagnosis and the propriety of producing artificial labor, that Dr. Wilson was called. The patient was very corpulent, and in consequence the walls of the vagina caved in, so that an accurate view of the cervix could not be obtained through the speculum; still the examination was sufficiently satisfactory to enable

him to exclude malignant disease. The patient was very blanched, but her pulse was good. Dr. Wilson advised against bringing on labor then, but on seeing her again two weeks later, the hæmorrhage had increased so much, the patient was so blanched and weak, and her pulse so feeble, that premature labor was decided on. On the next day, after chloroformization, Dr. Wilson dilated the cervix by means of the index finger in the os, followed by Barnes' dilators, two of which were burst in the operation. Finally the os being sufficiently dilated the membranes were ruptured and labor then proceeded, and the child was born in one hour and a half. There was no hæmorrhage after the introduction of the first dilator. The patient has had no trouble since, showing that there is no malignant disease. The dilatation was commenced at 6 P. M., and proceeded very slowly; labor came on at 8½ P. M., terminating at 10. The patient was a multipara, the mother of eight children, and had had no difficulty in any previous case. Dr. Wilson said he had never met such a case, nor any record of any such, and was at a loss at first to account for it. Placenta prævia was excluded by the digital examination, and by the hæmorrhage commencing so early, he was satisfied that the hæmorrhage was to be attributed to the eroded villous mucous membrane of the cervix felt with the finger and seen with the speculum.

Dr. Wilson said that should he meet with a similar case he would treat the eroded mucous membrane about the os uteri, and up the cervical canal, just as in the non-pregnant woman, before resorting to the extreme measure of bringing on labor. He would mop this raw surface with Monsell's Solution of Iron and Glycerine, or with Iodine, or Chromic Acid, being careful not to go beyond the internal os. If these measures failed to arrest himorrhage, premature labor could be resorted to at last. The applications might bring on labor, but the patient would be no worse off than if we delivered at once.

*Dr. Winslow* related a case, which he said was novel to him, where free discharges of the amniotic fluid took place during the last three months of pregnancy. The discharges ceased entirely during the day, occurring only during the night.* The labor passed off naturally.

*Dr. Miles* related the case of a boy ten years old, who had been subject to epileptic convulsions from early life. Another kind of convulsions supervened—hystero-epilepsy, characterized by their unreal nature, the absence of stoppage of breath, the violent contortions,

* Dr. Wilson explained this by supposing the rent in the amnion to be very high up, so that only in the recumbent position could the fluid escape through it.

beating himself about, &c. His mind was enfeebled. Some irritation about the generative organs led to an examination, when his prepuce was found long, and incapable of being retracted. Circumcision was recommended, and Dr. Smith executed it.

There was very considerable adherence to the glans. Immediately after the operation there was very remarkable improvement, which continued for two months, when the hystero-epilepsy returned as bad as before.

There are very many cases reported of cure following circumcision, which are exactly like this.

Another case was related in a child who staggered in walking, and could'nt walk without touching something. Yet, his strength was perfect. His prepuce was likewise found long and adherent, and was removed by circumcision with the same improvement, and subsequent recurrence of symptoms as in the former case.*

A third case related was that of a bright intelligent boy of 8 years, who was affected with diurnal as well as nocturnal incontinence of urine. On removing his prepuce, which was very long, the same result ensued as in the two previous cases.

A vast number of nervous derangements are now attributed to an abnormal condition of the prepuce. It is questionable, however, whether the improvement after its removal is due to the removal or the shock of the operation.

Dr. Miles also alluded to the fact that in the first case he reported there was given such immense quantities of bromide of potassium, by constantly doubling the dose by the attendants that the patient was reduced to absolute imbecility. The coma continued for days and was so profound that he could scarcely be roused, so that apprehensions of cerebral trouble were excited. Whenever roused he exhibited a tendency to the return of the nervous trouble. His tongue was exceedingly foul. The recovery from the bromism, was complete in a week's time. The quantity of the bromide taken could not be exactly estimated ; the commencing dose was about 20 grs.

*Dr. Lee* had given one drachm three times a day ; the patient was made fearfully sick unless a few drops of deodorized tincture of opium were given before each dose.

*Dr. McSherry* said that cases such as Dr. Miles had related had often

* Sayre has described cases of apparent loss of the power of co-ordinating the movements of the lower limbs which he has regarded as due to reflex irritation of the spine from elongated prepuce.

been reported, prematurely, as cured when the temporary amelioration of symptoms was due rather to the strong nervous impression made upon the patient by the operation than to the direct effects of the operation itself; signs alone as he claims to have done.

*Dr. Arnold* reported the case of a gentleman from Washington, aged 40, who exhibited symptoms which he had not met with before. For two years he has been subject to sudden and very frequent seizures of seeming spasm of the diaphragm, lasting about one-half minute. These are accompanied by a feeling of impending suffocation, the agony of which is such that he declares he will shoot himself unless relieved. The chest is first expanded, then retracted, and simultaneously there is an oscillation of the head, and both extremities, which continues after the paroxysm has ceased. The respiration ceases, the eyes become fixed, and the face turns deadly pale, the patient is in the condition of a man who would naturally be expected to die. There is no pain, no unconsciousness, no attempt at vomiting; the pulse becomes thready and difficult to feel. He is completely exhausted after the paroxysms. The ætiology of the case is obscure. The patient came under observation six weeks ago. He is married, and has not been guilty of any sexual excesses. He ascribes the origin of his trouble to fright. Dr. Arnold regards it as a pure neurosis.

Arsenic was used, being recommended on empirical grounds, in the treatment of obscure nervous affections in the dose of five drops of Fowler's Solution at first, increased by one drop daily, until now he takes ten drops three times a day. Under this remedy he has improved very much; the spasms are now less severe, of shorter duration, and recurring at longer intervals. The tremor has ceased entirely. Erb and Rosenthal describe cases of spasm of the diaphragm, and the whole novelty of the case consists in the success of the treatment.

*Dr. Lee* mentioned a case of a similar character, seen in consultation with Prof. Howard. The patient was a female, and her affection was attributed to habits of masturbation, to which she confessed. The attacks are less frequent than formerly.

*Dr. Chisolm* exhibited a specimen of a cancerous tumor removed yesterday from the eye-socket of a gentleman, the eye itself having been removed by him for a similar growth five years ago. The specimen consisted of a nodule about as large as the end of the thumb, which originated in the connective tissue of the socket, near the cicatrix. The growth had existed two to three months, causing pain

during the last month only. The first tumor began in the choroid and was strictly intraocular; it did not involve the optic nerve, which was found, on examination, to be healthy. Dr. C. also reported two cases in which exostoses grew into the meatus, nearly obliterating the ear passage; they were very hard, like ivory. They were the first cases of this kind that he had seen.

Dr. C. also reported a case of epithelioma of the upper lid, of twenty-five years standing. It exhibited a tendency to spread at the age of sixty, ten years since. He applied recently the sulphate of zinc in powder to the diseased surface, (as he has often done before,) with the result of improvement in a few days, and cure in three or four weeks. This treatment is painful, but safe; it has this advantage that it affects only the raw surface and not the cicatrix forming.

*Dr. Ward* recalled a case of cancer reported to him many years ago, by Prof. McClellan, where a patient was cured of the disease by the use of arsenic, but the remedy was used in such large quantities that it caused the ends of the fingers and toes to slough off.

Another member alluded to a case, in which the patient recovered after the use of Tinct. Therya Occidentalis.

*Dr. Tiffany* thought so-called cures of cancer were often instances of errors of diagnosis. A patient had a supposed epithelioma on the hand; this was cured, when a cancerous growth developed in the corresponding axilla. There was a lump in the axilla when first seen.

*Dr. Chisolm* said there were cases of cancer that do not return after removal; ten years ago he removed a typical case of scirrhus of the breast, yet two years ago the patient was perfectly well.

Some of the worst cases of cancer are found in childhood; he saw a child born with it, whose two eyes were as large as its entire head.

*Dr. Wilson* met, fifteen years ago, as well-marked a case of scirrhus, as he had ever seen. He built up the patient's health and applied soothing applications; in course of time, the growth sloughed off, and the patient got well, showing an erroneous diagnosis.

*Dr. McSherry* referred to the use of the sulphur fumes of the baths at Aix-la-Chapelle in cases of sebaceous concretions, thought by some physicians to be of the nature of epithelioma, which occurred under his own observation.

*Dr. Chisolm* exhibited a specimen of a cancerous tumor removed yesterday from the eye socket of a gentleman, the eye itself having been removed for a similar growth five years since. The specimen consisted of a mass about as large as the first joint of the thumb. It

was first detected three month since, and had grown with some rapidity. It seemed to have originated in the connective tissue in the immediate neighborhood of the cicatrix, and had caused much discomfort for the past few weeks. The first tumor removed was altogether shut up within the eye chamber. It was a sarcomatous growth slowly developing with intense glaucomatous pains. When the eye ball was removed, the vitreous chamber was found full of the hard growth, but no appearance of any development out side of the sclerotic, or in the optic nerve could be found. In this second removal the fibrous tissue of the orbit was sound, and the optic nerve, where cut near the orifice of entrance, was apparently perfectly healthy. A large quantity of healthy fatty tissue intervened between the tumor and the back of the socket. The case was of special interest as it exhibited the recurrence of a growth after nearly five years from removal with an interval of over four years, during which the patient, himself a surgeon, wore an artificial eye with comfort, believing himself thoroughly cured of his first trouble.

Dr. Chisolm also reported two cases of exostotic growth in the meatus. In one case the hard bony tumor had so filled the aural passage that a bent probe was introduced with some difficulty. In this case the new bone tumor had a base of fully one-half inch deep, as measured by the probe, hooked over its inner side. In the second case the tumor although quite as broad had not yet filled up the ear passage, and a probe could readily be introduced on three sides of it. They were the first cases of this surgical affection that he had met with in his practice.

Dr. Chisolm also reported a case of epithelioma of the upper lid, and foot of the nose, occurring in an old lady of seventy-one years of age. The ulcer had existed for twenty-five years, and was slowly increasing notwithstanding a varied treatment. It now measured fully an inch in diameter, with all of the characteristic evidences of a true epithelial ulcer. The treatment used in this case was filling the ulcerated cavity with finely powdered sulphate of zinc, and leaving it in situ as a crust until it would be thrown off by nature. This simple remedy had been often used by Dr. Chisolm for the successful treatment of this form of cancer, so common about the face and eye lids. In this special case the effects were nearly magical. The application was made in the presence of a class of students following the eye clinic at the Presbyterian Eye and Ear Charity Hospital, and was watched from day to day. The day after the application the surface

was covered with a hard solid crust, made up of zinc powder, amalgamated with the surface of the ulcer. It was dry and stuck firmly to the surface. In five days the edges commenced to crumble away, exposing a pink but cicatrized surface beneath, which grew visibly from day to day. At the end of a fortnight, when two-thirds of the cavity had healed, the remaining portion of the crust was for curiosity forcibly removed, leaving a bleeding surface. This was again filled up with the zinc powder, not that it seemingly wanted it, but rather to show to the class that notwithstanding its diligent qualities, it would not in any way disturb the delicate new cicatrix, which was rapidly shrinking the sore. Two weeks later the entire ulcer was found cicatrized and healed, and the patient ready for discharge. A twenty-five year ulcer apparently thoroughly cured in four weeks.

MEETING HELD JUNE 3RD, 1879.

*Dr. Chisolm* reported the following new operation for saving a lost but good-looking eye-ball:

A boy aged 14, had been cut in the left eye by a stone. The wound was a clean gap in the sclerotic, through which the humors of the eye had been discharged, and when first seen, by the physician in attendance, the eye-shell had collapsed. Under cold water dressings and atropia, the wound healed by the first intention, and the eye-ball refilled. Dr. Chisolm saw the case one month later, when the boy had been suffering from atrocious pains in the eye, from which it was feared that the other would become involved. There was complete loss of sight in the wounded eye. Cornea was clear, the wound in the sclerotic being at outer canthus and well behind it. No fundus reflex could be obtained by ophthalmoscopic examination. The eye was classified among the condemned, for immediate enucleation. As the eye-ball was still a good looking one, Dr. Chisolm determined to put into practice the recent suggestion of cutting the ciliary nerves in old, lost, glaucomatous eyes, to put an end to constant suffering, and in this way, not only stop pain, but cut off all connection for sympathetic annoyances in the good eye. The operation was carried out in the following manner: The conjunctiva having been divided at the inner canthus, the internal rectus tendon was dissected off from its sclerotic adhesion. This made an opening through which a curved scissors was introduced, and the optic nerve, with all of its ciliary surroundings was severed. The rotation of the eye-ball outwards facilitated much this section. Blood vessels were cut, which made

quite a gush when the scissors were withdrawn. The eye-ball was now brought back to its true position, and the internal rectus tendon and conjunctiva were stitched back to their normal places. When the patient recovered from chloroform anæsthesia, he found himself free from the eye pain, the first time in three weeks, in proof that the design of the operation had been fully carried out, nor has there been any return now two weeks since the operation. For the first few days the eye ball was very prominent from the extravasated blood pushing it from behind forward. This has been all absorbed, and the general result of the operation so far has been very satisfactory.

Dr. Chisolm also reported the case of a gentleman aged thirty-five, who, at the age of two, had a fork point stuck in his right eye, which lost him the sight, and caused the ball to shrink. After thirty-three years of quiescence it had begun to give him trouble. In the mean time he had led a very exposed life, four years of which were spent in the army, with all the privations and exposures of active campaigning. The eye ball was a marred one, and was, therefore, enucleated. On examination of the specimen, not only was the sclerotic cavity nearly filled with a bony cup fully a quarter of an inch thick in the centre where the optic nerve perforated it, but the lens also seemed to have undergone a different change from the ordinary cretaceous one. The specimen had been sent to the Hopkins Laboratory for microscopic section, and for a careful search for bony formation among its fibers.

Dr. Chisolm also referred to the case of a gentleman of robust health, who had consulted him the day before for muscæ volitantes. At the hands of his family physician he had been under a course of the internal administration of nitrate of silver and belladonna, which seemed quite a departure from the accustomed methods of remedies. He mentioned the case as an illustration of the very vague ideas which some physicians have of the pathology and treatment of eye diseases.

*Dr. Morris* spoke of the difference of opinion prevalent as to the effect of ergot on the uterus when not already affected with contractions. In a case before the criminal court, in which he had recently been summoned as an expert witness, a young man was charged with attempted abortion, and it was in evidence that he had procured a mixture, containing ʒss of fl. ext. ergot in each dose, the doses being repeated every two hours. The patient did not abort, nor was there any appreciable effect from the use of the drug. Dr. M. stated in his testimony that ergot will not produce abortion, no matter how much be given, unless there be a pre-disposition to such an event.

*Dr. H. P. C. Wilson* stated that he had heard yesterday from the patient whose case was reported at the last meeting (in which premature labor was brought on on account of constant and profuse hemorrhage), and she had had no trouble since. The bleeding was undoubtedly due to an eroded cervix.

*Dr. Christopher Johnston* exhibited some pulse tracings, made with Pond's improved lever sphygmograph. One was of a lady. Being at the house of a patient, and asked to take her pulse, he was astonished to find it exhibiting but thirty-three beats per minute. The sphygmograph showed the presence of a second pulsation, incomplete or abortive, and not perceptible to the finger. On auscultation no valvular lesion was appreciable. The first percussion wave was sharp and distinct, arterial tension rather high, and the second percussion wave was feeble and abortive, or vanished for a number of pulsations. Tagge (Reynold's System of Medicine) in connection with mitral stenosis, gives a tracing, somewhat suggesting the abortive repeat, but it is exactly reproduced by a tracing of the pulse of a man at the Baltimore Infirmary, in which Prof. Donaldson has recognized mitral stenosis.

In both tracings presented by Dr. Johnston, the auricle is shown to contract prematurely and to hurry the next and feeble systole of the ventricle. The lady, thin and nervous, was treated with tonics, including strychnine, after which, at the end of a month, new tracings gave sixty-six distinct, regular, and almost normal pulse waves, and for some time none of the former tracings could be obtained.

Dr. Johnston had been discouraged by Marey's instrument, as well as by Holden's, but Pond's sphygmograph, although not perfect, was very seductive to the student and promised greatly to aid science. He was induced to procure Pond's instrument, when exhibited to him a few years ago by the son of the inventor, and by comparative tracings of the two radials in a case of aneurism of the arch of the aorta, which was diagnosticated by the sphygmogragh alone.

John Hunter said that slowing of the pulse—not its arrest—was sufficient to cure aneurism; how favorable, then, said Dr. J. would circumstances have been for the lady, had she an aneurism when for a time the abortive wave disappeared, and thirty-three pulsations only could be found in one minute alone.

Pond's first instrument was worked by means of water, thro' which the impulses of the artery, received on a diaphragm of rubber, were conveyed to the hand making the tracings. In the latest modification,

the use of water is dispensed with, and the value of the instrument is greatly enhanced in consequence. The instrument is very simple and so small that it can be carried in the pocket; it does not require an artist to employ it successfully, but is adapted for general bedside use. It is simple in construction, easy and of ready application, and is faithful in delineation.

Accompanying it is a system of photography by which Dr. Johnston's tracings were reproduced by himself.

EUGENE F. CORDELL, M. D.
Reporting Secretary.

## REPORT OF THE ALLEGANY COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Allegany County Medical Society was held in Cumberland, Maryland, on June 17th.

Dr. C. H. Ohr, President, occupied the chair, with Dr. O. M. Schindell, Secretary. Besides these were present Drs. S. P. Smith, G. B. Fundenberg, D. P. Welfley, G. E. Porter, J. J. Wilson, W. W. Wiley, W. McGill, J. M. Doerner, J. W. J. Angler, J. B. Miller, J. M. Porter and M. A. Carr.

Dr. C. H. Ohr, President of the society stated that this meeting closed his term as president, and that he had prepared a valedictory address, which he proceeded to deliver.

Dr. Ohr commenced by reviewing the history of the meetings of the society during the past year. "Among the important measures adopted by the society during the year was the inauguration of vital statistics in requiring from the city members mortuary reports, which will be made monthly to the society, and which, if promptly and faithfully made according to the forms and requirements of the society, will not be the least important and useful steps to the public by this society. Another and yet more important step for the health and prosperity of this city has been inaugurated by the society in inducing the city council to adopt an amendment to the health ordinance, which, if faithfully carried out, will prove of great advantage to the community. The material interests of the city have on several occasions suffered heavy los sfrom the inefficiency and neglect of the health ordinance, and many hearths have been made desolate, many hearts been wrung with grief by the march of the destroying angel

in consequence of this neglect and inefficiency. Public health, the most important subject for legislation, the most important for public prosperity, has heretofore been left in the hands of those who cared least and knew less on vital subjects, and neglected it for the laudable object of personal popularity and the display of an economy as false in fact as it was foolish in display. It is to be regretted that the Mayor in his wisdom has seen fit to veto a measure so essential for the comfort, health and prosperity of the city. Nor is it less a matter of regret that our city fathers were so fully occupied in besmearing each other at one time by self-laudation and self-approbation, and at another exhibiting antics worthy of a beer-garden and pot-house political trickster, that they could not find time to bestow a few minutes in a respectful consideration of the measures or the veto."

Dr. Ohr next called attention to some of the higher and more important duties of the physician, to the nature and scope of his mission.

In referring to the progress of medical science, Dr. Ohr spoke as follows:

"The most rapid and important progress, however, has been made in the last half century. The advances in chemistry and pharmacy have not only added many valuable preparations to our list of remedies, but also have furnished us with a more correct idea of the action of these remedies when introduced into the system. Chemistry, in connection with the microscope, has developed into the full light of day, many of the mysteries of the human organism, and led us to a truer knowledge of pathology and therapeutics. The mystery, in regard to the spleen and pancreas, has fallen before the advancing steps of the then almost unknown and undeveloped science of biology, which also has made vast inroads in that profoundest of all the mysteries of the human system, to wit, the workings of the brain and spinal system.

"Within the last half century, much of the prejudice against the prosecution of morbid anatomy, and post mortem examinations has vanished before the advance of general education. The 'human form divine,' when death has reduced it to inanimate clay, is no longer considered too sacred to render aid and benefit to its living fellows. The closer and more accurate observation of the signs developed by morbific influences are now frequently connected with the changes shown after life has ceased to exist. The action of food and other external influences is being daily explored and demonstrated by biolo-

gists. If the holy horror of past ignorance and superstition is not supplanted and surpassed by a mawkish and misplaced philanthropy of Berghism, the time is not far distant when the phenomena of life in the stages of health and disease will be seen by us not as in a glass darkly, but as in the bright effulgence of the noonday sun."

"Here arises another common objection to our profession, and one to which the scalpel and cautery should be freely and unsparingly applied. Its appellation is quackery! It is complained of by the profession and practiced by the public; it is complained of by the public, and, truth to say, practiced by the profession. There are empirics in as well as out of the profession, and it is not well or creditable to complain of the mote in our neighbor's eye until we shall have removed the beam from our own.

"That ignorance of the true principles of medicine in the past ages were characteristics of our profession and its practices were empirical, is a fault equally, at least chargeable to the public as to the profession. As long as the profession were debarred from acquiring a true and full knowledge of the human organism and its physiological and pathological actions, by public prejudice and superstition, the healing art must necessarily be theoretical and empirical. The barriers, introduced by ignorance, have been sufficiently broken down to elevate medicine from art to science, and empiricism is no longer excusable on the part of the profession which has now a double duty to perform —that is, to eradicate empiricism from its own ranks and thus lead to its extinction among the laity."

"The subject of reform in medical education has been agitating our schools and societies for the last quarter of a century with but little practical benefit. A higher standard of education has been suggested, but the true mode of attaining it has not been devised or adopted. A few of the medical schools have, in the last few years, taken a step in the right direction; but the remedy is not altogether in their hands, nor is the initiatory power under their direct control. This reform must, to be effective, begin not at the top or middle, but at the bottom of the ladder. The private preceptors must not open the doors of their offices or libraries to all applicants. None should be admitted but those whose talents by nature stand above mediocrity, and whose moral principles and perceptions are of the highest order, and both of which have been well trained before they are permitted to enter the portals of our temple. Extended as is the field of knowledge or science, covered by medicine, the mind of the would-be pupil should

first be well trained not only in the rudiments of a common English education, but also in the higher branches, embracing Logic, Mathematics, Natural Philosophy, Botany, Geology and Chemistry. He should also be trained in Moral Philosophy and the classics, when his mind may be fitted to become a student of medicine.

"After these preliminary requisites the preceptor should instruct the pupil as to how to read medicine and what is the object of its study, and indoctrinate him in the principles of its code of ethics, when he should be entered into a medical school having adopted a graded and high system of instruction.

"The members of the profession should cultivate among themselves a greater degree of respect for and adherence to the principles and requirements of the code of ethics, should cultivate and manifest a greater degree of professional fraternity and respect, and practice less envy and jealousy in regard to their professional brethren if they desire to be respected and command the confidence of the community. It is a too common and daily remark, 'you doctors are always quarreling and never agree.' How, under such circumstances, can we expect or receive the support or confidence of the public or successfully contend against the march of quackery. Reform in the ranks of the profession in the matter of courtesy and respect for each other is as indispensable to the elevation of professional character as the elevation of education to those who would enter the ranks of the profession. There is no accusation more true than that of professional bickering and slander, nor is there anything more injurious to the profession or degrading to the individual who practices this immoral and unchristian violation of the ninth commandment. It should be a lesson daily impressed upon the mind of every student never to assail a professional brother or malign his reputation.

> "Whose cordial drops once spilled
> Not all the owner's care, nor repentent toil of the rude spiller
> Can ever restore to its original purity and sweetness.

"When these reforms in the ranks of the profession shall have been accomplished; when its own members shall be inspired by a proper respect for it and themselves; when they have been imbued with a becoming *esprit de corps*; when they shall, by education and study of its principles, have become fit priests at its altars, they can be fit teachers to educate the laity into a knowledge of its mission, and be successful leaders in the march of knowledge and the war of exter-

mination on quackery and imposition. The facilities for acquiring knowledge afforded to all classes constitute a powerful engine for the removal of old prejudices and are a valuable aid in enabling the masses to discriminate between the true and the false. Let the profession take heed to itself and see that they are not outstripped in the race after knowledge. Let them by unceasing and unselfish labor and study in their profession, by elevating the standard of talent and cultivation in the would-be disciples of this science so train their own ranks that they be able to attain and retain the front rank in the march of progress. Then and not till then will they be entitled to appropriate unto themselves the title of Doctors

"The business next in order was the election of members, and Dr. John M. Doerner was elected.

"The election of officers was the next order of business, and Drs. J. M. Porter and W. McGill were nominated for President, and the ballot resulted in favor of the former.

"Dr. D. P. Welfley was unanimously elected Vice-President; Dr. J. J. Wilson Treasurer; Dr. O. M. Schindell Recording Secretary; Dr. John M. Doerner Corresponding Secretary, and Mr. Hervy Laney Librarian.

"Dr. Ohr, from the committee on health statistics, reported that he had visited the late council in its closing hours, and found it had organized itself into a mutual admiration society, and he could get no action on the health bill. He also said that he had received intimations that the society would be requested to vacate the council chamber, and rather than be kicked out, he moved that hereafter the society meet in the rooms over Campbell's drug store; which motion was adopted.

"A new standing committee on library was appointed, and Drs. Welfley, Fundenberg and Carr were appointed members.

"Also, a standing committee on ethics, composed of Drs. J. M. Porter, (president and ex-officio chairman) G. E. Porter, S. P. Smith, and C. H. Ohr.

"The society then adjourned."

## MEETING OF THE MEDICAL SOCIETY OF HARFORD COUNTY.

The Medical Society of Harford county met in the parlor of the Grangers' Hotel, Bel Air, on Tuesday, May 13. There were present, the President, Dr. W. W. Hopkins, the Secretary, Dr. H. C. Whiteford, and Drs. R. D. Lee, W. Stump Forwood, W. W. Virdin, D. Preston Wysong, Silas B. Silver, Wm. P. Taylor and J. R. Nelson.

Dr. Wysong reported a case of some obscurity, in which the patient, a young man thirty years of age, was oppressed by difficult respiration, though without organic trouble. It was the opinion of some of the members that it was a case of hysteria. That Protean malady, Hysteria was afterwards discussed generally.

A general interchange of views on the subject of "Sick Headache" then ensued.

Dr. Virdin reported an interesting case of hipjoint disease, of two years duration, the limb having shortened 1½ inches. After suspending the limb by the use of Prof. Smith's anterior splint a rapid improvement took place, and in five weeks the limb had increased in length three-quarters of an inch. The splint was followed by the use of the appliance of Prof. Hutchinson, Chief of the Orthopœdic Hospital, of New York. This consists of a shoe, similar to an ordinary one, but with the heel and sole 1½ inches high, and was placed on the sound limb. Its use causes a constant extension of the diseased member without pain, and tends to restore it to its normal length.

Officers for the ensuing year were elected, as follows: President, Dr. J. H. Cochran; Vice-President, Dr. Wm. P. Taylor; Treasurer, Dr. R. D. Lee; Secretary, Dr. W. Stump Forwood.

A vote of thanks was then passed to the retiring President and Secretary.

Dr. W. W. Hopkins, the retiring President, delivered an interesting, suggestive and practical address, in which he urged a more regular attendance of the members at the meetings of the society, and spoke of the advantages to be gained by the experienced as well as the inexperienced physician from the discussions of the society. Dr. Hopkins adverted to the importance of public hygiene, and the duty of physicians to acquaint themselves with all the known causes of disease, so as to be able to tell suffering humanity how one-half of human sickness and misery may be prevented.

He then gave some of the essentials to a sick room and the requirements of the patient besides his medical treatment. The room should be of an uniform temperature of from 65 to 70 degrees. This can be ascertained only by the thermometer. The room for the sick should be as far removed as possible from those commonly occupied by the rest of the family, in order that the patient may not be disturbed by the noise of the family. It should be large, airy and well lighted, and better if it has a sunny exposure.

The floor of a sick room should not be carpeted; a hard wood floor, oiled or varnished, being preferable. Upon such a floor you can spread as many rugs and pieces of carpeting as may be necessary to prevent noise in walking. Each morning they can be slid along the floor, taken out and shook. The floor can be wiped up if required, and when dry, your rugs can be replaced. All unnecessary furniture should be removed, particularly bed and window hangings, for they are so many convenient places for the lodgement for the germs of diseases.

Cleanliness should be scrupulously observed in the sick room and about your patient; and if the room is not covered with carpet, it is much more easily observed whether in that respect or not it is in a proper condition. Your patient's linen should be changed frequently. In many cases changing the bed linen once or twice a week is not sufficient in febrile diseases. One sheet should be changed every day, using the upper one to-day for the lower one to-morrow. The pillow cases should be changed quite as often, if your patient is suffering from scarlatina, typhoid or other diseases. When there is septic influences we can readily see that the close observing of these rules will be of much benefit.

It is further required that you should not neglect to see that your sick room is properly ventilated, or at least as well as its construction will admit of. Note well if there is any odor perceptible when entering a sick room. If so, improvement in ventilation is called for.

Dr. Hopkins deprecated the rapid increase in the number of medical graduates, as tending to lower the standard of the profession and work harm to the community.

The society then adjourned to meet at Havre de Grace on the second Tuesday of November.—*Ægis and Intelligencer.*

## BOOKS AND PAMPHLETS.

*The Transactions of the American Medical Association*, vol. xxix, 1878. Printed by Collins, Printer, Philadelphia.

It is no ordinary task to examine a volume of transactions, and to pronounce a fair opinion upon its value. To judge critically, close and careful reading is necessary. We confess we have not been able to examine this volume with the care its size and importance seem to justify. We prefer to speak of it in general terms, and to leave the reader to render his own verdict. It will be remembered that the Twenty-ninth Annual Meeting of the American Medical Association was held at Buffalo, N. Y. At the time the meeting was pronounced one of the most successful the Association had ever enjoyed. It was this meeting that gave birth to the volume before us.

The first eighty-nine pages of this volume are devoted to the minutes of the meeting, and to reports of different officers. The President's address comes next. The address is devoted to the subject of *Medical Education*, and occupies eighteen pages. The minutes of the Section on Practice of Medicine, Materia Medica and Physiology, with papers read before the section, occupy 51 pages. Minutes of the Section on Surgery and Anatomy, with papers read before the Section, take up 191 pages. Dr. Henry H. Smith, of Philadelphia, contributes to this Section an able paper upon The Pathology of Bones. This paper is handsomely illustrated, as are also several other papers read before this Section.

Next in order will be found, Minutes of the Section on Obstetrics, and Diseases of Women and Children, occupying 123 pages, handsomely illustrated.

Minutes of the Section on Medical Jurisprudence, Chemistry and Psychology, and of the Section on State Medicine and Public Hygiene, with papers read before these Sections, consume forty-eight and seventy pages.

The report of the Chairman of the Committee on Necrology is very lengthy, 164 pages being devoted to biographical sketches of Deceased Members of the Association.

The volume contains a Plan of Organization for a National Medical Association; the Code of Ethics of the Association, adopted May, 1847;

a catalogue of the officers of the Association, and names of Permanent and Deceased Members; Prize Essays upon the Surgical Anatomy and History of the Common, External and Internal Carotid Arteries, etc., by Dr. John A. Wyeth, occupying 245 pages, complete this volume. Upon the whole, it contains much information, which will be found valuable for reference and for leisure study.

*Diseases of the Abdomen Comprising those of the Stomach, and other Parts of the Alimentary Canal, Œsophagus, Cœcum, Intestines and Peritoneum.*—By S. O. HABERSHON, M. D., London, Fellow of Royal College of Physicians, etc., etc.; With Illustrations. Second American from the Third Enlarged and Revised English Edition, pp. 537. Henry C. Lea, Philadelphia, 1879. For Sale by Cushing and Bailey, Baltimore.

A work of this character will be found of great value to the practicing physician. During recent years considerable attention has been paid to diseases of the stomach, and many valuable facts have added to the medical literature of this subject, which, however, have been presented in works devoted to the principles and practice of medicine, or scattered miscellaneously in journals and pamphlets. In this volume we find the diseases of the stomach and alimentary canal treated systematically and fully. Chapter I begins with an *Introduction* on Digestion and Indigestion Contrasted, with general remarks upon and summary of the various Structures involved. Chapter II is devoted to Diseases of the Tongue and Mouth. Chapters III and IV are on Diseases of the Pharynx and Œsophagus. Chapters V and VI treat at full length of Organic and Functional Diseases of the Stomach; the latter presenting a clear and faithful study of the various forms of Dyspepsia, its causation, progress and treatment. The remaining chapters treat of the different diseases of the Alimentary Canal. Chapter XXI on Abdominal Tumors closes the volume.

We have not the space to notice this volume at greater length. After a careful examination of its contents, we can recommend it to the student of medicine as a work of large and varied information upon the subjects treated.

*Transactions of the Medical Society of the State of Tennessee, at its Forty-fifth Annual Meeting*, 1878. Published by TAREL, EARTMAN & HOWELL, Nashville.

This volume of Transactions contains a number of papers from members of the Society. The Address of the President, Dr. B. W.

Avent, is entitled, Indications for the Use of Stimulants in the Treatment of Disease. The following is a summary of this address:

1. That stimulants are often indicated in the formative stage of disease—more often in its progress—invariably in the debility attending convalescence.

2. Stimulants required in the formative stage, and sometimes in the progressive, when nutrition is suspended, are most beneficial when selected from drugs.

3. Alcoholic stimulants on the contrary, exert their greatest influence for good, when the demands for support and nutriment are urgent, and are not reliable without this discrimination.

Papers are contributed by Dr. R. Maury, of Memphis, on Post-Mortem Hemorrhage, Independent of The Placental Site: By Dr. J. A. Draughon, of Nashville, on Preventive Medicine, By Dr. S. M. Thompson, of Shelbyville, on Report of a case of Ovariotomy. Dr. S. S. Mayfield, of Brentwood, reports a case of Spina Bifida. Dr. Duncan Eve, of Nashville, reports a case of Formation of an Artificial Anus at the Natural Site, in a child in which the Rectum Terminated in a Fistulous opening into the vagina. Dr. Van S. Lindsley, of Nashville, contributes a paper on Cataract, with report of thirteen cases. Dr. D. J. Roberts, of Nashville, contributes a paper on Diptheria. Dr. Jas. B. Murfree, of Murfreesboro, reports two cases of Tracheotomy in Diphtheritic Croup. Dr. J. W. Davis, of Smyrna, reports the Successful Treatment of a case of Chronic Abortion. Dr. W. T. Hope, of Chattanooga, contributes a paper entitled Pseudo-Typhoid, or Typho-Malarial Fever. Dr. A. Blitz, of Northville, contributes a Report of Fifteen Interesting Cases. The volume closes with a memorial sketch of Prof. Paul F. Eve, late of Nashville, By Dr. D. J. Roberts.

We have not the space to notice in detail the many interesting facts presented in this volume. The contributions are in the main well prepared, and contain much entertaining reading matter.

*Diphtheria.—Its Nature and Treatment, Varieties and Local Expressions.*—By Morell Mackenzie, M. D., London., Senior Physician to the Hospital for Diseases of the Throat and Chest, etc., etc. Published by Lindsay and Blakiston, Philadelphia.

The author of this volume is recognized as a distinguished authority upon Diseases of the Throat, and is in every way qualified to write a book upon Diphtheria. This work which he has recently

given to the profession is up to the high standard anticipated from so distinguished an author and teacher. The work is written in an easy, practical and instructive style, dealing clearly and fully with its subject matter. The reader is at once impressed with the fact that the writer thoroughly understands his subject, and knows what he is writing about. It is no commonplace treatise, but a work which will command the respect and confidence of the professional reader.

*An Atlas of Human Anatomy Illustrating most of the Ordinary Dissections and many not Usually Practised by the Student, Accompanied by an Explanatory Text.*—By RICKMAN JOHN GODLEE, M. S., F. R. C. S., Fellow of University College. Lindsay & Blakiston, Price $2.50.

Parts I and II of this series of Dissections have been noticed in previous numbers of this JOURNAL. Part III now before us is a continuation of the series. The dissections found in this Part are accurately and handsomely represented, and are such as are not found in other works upon anatomy.

We do not remember to have ever seen better or handsomer plates than are to be found in this series. The explanatory text which is added will prove of great assistence to the student of anatomy.

*Photographic Illustrations of Skin Diseases.*—By GEORGE HENRY FOX, A. M.; M. D.,—Published by E. B. Treat, 805 Broadway, New York.

These Photographic Illustrations are handsome, and in every respect wonderfully life-like. They are copied from nature, and represent faithfully the original, presenting the clinical features of the diseases of the skin so accurately that a diagnosis could be readily made from them. The series will be complete in twelve parts, each part to contain four colored plates taken from life. Part 1st contains plates of Comedo, Acne Vulgaris, Lepra Tuberosa and Elephantiasis. The price of each part is $2 00.

*Hints in The Obstetric Procedure, Second Edition.*—By WILLIAM B. ATKINSON, A. M.; M. D., Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia; Lecturer on Diseases of Children, Jefferson Medical College, Philadelphia. D. G. Brinton, Publisher.

This little book, of 116 pages, is the outcome of an address, on the subject, delivered before the Philadelphia County Medical Society. In it is contained all that need be known in an emergency, and much that

is of interest and value in all cases. It is the gist of the obstetric art in convenient form, and will serve to refresh the practitioner's mind in any case pertaining thereto.

We commend this volume as a valuable contribution to the popular style of condensing medical subjects into a handy and easily accessible compass.

*A Guide to Therapeutics and Materia Medica.*—By ROBERT FARQUHARSON, M. D., F. R. C. P., Lecturer on Materia Medica at St. Mary's Hospital Medical School. Edited, with Additions embracing the United States Pharmacopœia, by Frank Woodbury, M. D., Philadelphia: Henry C. Lea, 1879. Pp. 498, Price, $2.

A previous edition of this book was noticed about one year ago. Within the space of a year one more edition has been rendered necessary by reason of the growing popularity and usefulness of the volume. The edition now before us has been enlarged, and much improved by the addition of new matter. It is a carefully written and admirably arranged book, well adapted to instruct and please the reader.

*Other Symptoms of Nervous Exhaustion (Neurasthenia).*—By GEO. M. BEARD, A. M., M. D., Fellow of the American Academy of Medicine, of the New York Academy of Medicine, etc. [Reprinted from the *Journal of Nervous and Mental Diseases*, April, 1879.] Chicago, 1879.

*Posture as a means of Relief in Strangulated and Incarcerated Hernia, With a General Consideration of the Mechanism of Reduction.*—By FRANK H. HAMILTON, A. M., M. D., Surgeon to Bellevue Hospital, etc. Reprint from *Hospital Gazette*, 1879.

*The Radical Cure of Hernia by the Antiseptic use of the Carbolized Catgut Ligature.*—By HENRY O. MARCY, A. M., M. D., Cambridge Mass. Reprinted from the Transactions of the American Medical Association, 1878.

*The Hand as a Curette in Post-Partum Hemorrhage.*—By H. P. C. Wilson, M. D., Baltimore, Md. Reprint from vol. III, Gynecological Transactions, 1879.

*Fifth Annual Report of the Baltimore Charity Eye and Ear Dispensary.*—By SAML. THEOBALD, M. D., Surgeon in Charge.

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BALTIMORE, JULY 1st, 1879.


## EDITORIAL NOTES.

HANCOCK'S LOZENGES.—We have received from Dr. John F. Hancock, one of the most prominent and enterprising pharmacists in this city, a full assortment of *Medicated Lozenges* manufactured in his Laboratory. The list of lozenges of various kinds manufactured by Dr. Hancock embraces all of those which are officinal in the Pharmacopœias of Great Britain, Germany and the United States, and also includes a valuable sort used in the London Hospital for Diseases o the Throat, prepared according to the formulæ of Dr. Morell Mackenzie. In the manufacture of these lozenges, the greatest care has been observed, not only in the selection and combination of the materials used, but in the employment of delicate flavoring excipients, and in the form and size of the lozenges, and mode of preserving them for convenient use. These lozenges are carefully packed in boxes suitable for pocket use, and in the large glass-stoppered bottle for office prescribing. Therapeutically speaking, the value of any preparation depends upon the results of large experience in its use. There can be no question but that the improved pharmacy of to-day has added greatly to the convenience of the physician, and to the comfort of the patient. The profession is indebted to the manufacturing chemist and pharmacist for the many improvements which have been made in the preparation of fluid and solid extracts, tinctures, elixirs, granules, lozenges, sugar and gelatine coated pills, etc., etc. No doubt many of the preparations offered the profession are totally unreliable and unfit

for use. It is the duty of the physician to judge intelligently in prescribing any preparation, and to watch carefully the effects of any remedy used. By prescribing preparations manufactured by pharmacists known to be careful and reliable, few mistakes are ever made.

The preparations offered to the profession by Dr. Hancock are eminently worthy of trial. He is a gentleman who thoroughly understands his business, and closely watches all of the details in the manufacture of his lozenges. Dr. Hancock has already established a national reputation for his preparations, and by his skill and energy will doubtless extend his already large list of lozenges, confections, etc.

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Arkansas State Medical Society.—The Society met at Little Rock, May 22d. Dr. A. A. Horner, President, in the chair. An address of welcome was read by Dr. George C. Hartt.

The annual address was then delivered by A. A. Horner, M. D., President of Helena, and President of the Phillips County Medical Society.

The Secretary, Dr. R. G. Jennings, then read the names of members and applicants, and submitted his annual report. The following resolutions were reported by a committee and carried:—

*Resolved*, That we do not regard the delegates from the Arkansas State Medical Association as entitled to registration, as they do not represent the Society recognized by this body, but we do this without prejudice to the professional standing and character of the individual delegates.

*Resolved*, That no man can become or remain a permanent member of the American Medical Association unless he belongs to a local or State Society, recognized by the American Medical Association.

Also, it is the opinion of the Judicial Council that the American Medical Association can recognize the jurisdiction of only one State Medical Society in any State.

Various papers were then read, among which Dr. Hawkins reported from Dr. Breedlove a case of sickness—fourteen persons—from eating boiled custard, producing acute dyspepsia or cholera morbus. The article strongly opposed the using of vanilla as a flavoring extract, which contained an oil which, when old, became very rancid.

Dr. Christian reported a similar case from eating ice cream flavored with vanilla.

After some further papers, the Nominating Committee submitted the following report of officers, all of whom were elected:—

President, E. T. Dale, of Texarkana.
First Vice-President, W. M. Lawrence, of Batesville.
Second Vice-President, J. B. Cummings, of Forest City.
Third Vice-President, Albert Dunlap, of Fort Smith.
Fourth Vice-President, J. T. Hamilton, of Pine Bluff.
Secretary, R. G. Jennings, of Little Rock.
Treasurer, A. L. Breysacher, of Little Rock.
Librarian, J. H. Lenow, of Little Rock.

It was also decided that the next annual session of the Society be convened at Little Rock, on the first Wednesday in May, 1880, at 11 o'clock A. M.

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OHIO STATE MEDICAL SOCIETY.—The Thirty-Fourth Annual Meeting of the Ohio State Medical Society took place at Dayton, O., June 3d, 4th and 5th. The meeting was a large and enthusiastic one.

Papers were presented as follows:

Address of Welcome, by Dr. J. M. Weaver, of National Soldiers' Home.

*The Treatment of the Various Forms of Consumption.* By Dr. Roberts Bartholow, of Cincinnati.

*The Preservation of Good Eyesight and the Use of Spectacles.* By Dr. J. H. Buckner, of Cincinnati.

*Hog Cholera.* By D. N. Kinsman, Columbus.

*Report on Progress of Surgery.* By Dr. S. F. Forbes, of Toledo.

*Mixed Anæsthesia.* By Dr. J. C. Reeve, of Dayton.

*Report on Progress of Gynecology.* By Dr. Thad. A. Reamy, of Cincinnati.

*National Sanitary Science.* By Dr. G. E. Walton, of Cincinnati.

*Glaucoma.* By Dr. S. C. Ayres, of Cincinnati.

*Plaster-of-Paris Roller in Treatment of Club-foot.* By Dr. P. S. Conner, of Cincinnati.

*Tubercle.* By Dr. H. J. Herrick, of Cleveland.

*Medical Mispronunciation.* By Dr. A. C. McLaughlin, of Tremont City.

*President's Address.* By Dr. B. B. Leonard, of West Liberty.

The following officers were elected for the ensuing year:

*For President*—J. A. Murphy, M. D., of Cincinnati.

*For Vice-Presidents*—John Davis, M. D., of Dayton; Thos. G. McEbright, M. D., of Akron; J. D. Edwards, M. D., of Xenia; C. A. Kirkley, M. D., of Toledo.

*For Treasurer and Librarian*—T. W. Jones. M. D., of Columbus.
*For Secretary*—J. F. Baldwin, M. D., of Columbus.
*For Assistant Secretary*—Jesse Snodgrass, M. D., of Kenton.
The next Annual Meeting will be held at Cleveland, commencing June 15, 1880.

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Trommer's Extract of Malt.—There are few remedies which have within the past few years come into more general use, than extract of malt. It has now come to be not only the great substitute for cod liver oil, where this remedy cannot be tolerated, but also a most important adjunct in the treatment of all cases of tuberculosis. Almost all the authorities both at home and abroad recommend its remedial qualities. The administration of extract of malt is applicable to a greater number of cases than cod liver oil. Extract of malt is officinal in the German Pharmacopœia, and by German medical writers it is placed in the front rank as a remedy possessing in the highest degree, nutritive and restorative, combined with sedative, tonic and alterative virtues. It is not only valuable in the treatment of phthisis but also in all feeble and exhausted states of the constitution. In Ziemssen's Cyclopædia of Medicine, vol. xvi., it is recommended in the highest terms in the treatment of phthisis and other wasting diseases. We can also speak from experience in regard to its efficacy, having used it in practice more or less frequently during the past two years. It is easily borne by the weakest stomach, and when continued for some time produces a marked improvement in the condition of the patient, where the disease is not too far advanced, accompanied with an increase in the weight. It may be used either in the form of the simple extract, or combined with cod liver oil with which it forms an agreeable emulsion, iron, hypophosphites, iodides, quinine, pepsin, &c., &c.—(*Ex.*)

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Tenth Census of the United States.—Genl. Francis A. Walker, Superintendent of Census of the United States, Department of the Interior, has mailed to each practicing physician and surgeon in the United States, where name and address were known, a blank book designed to be used as a record of all deaths occurring during the year June 1st, 1879, to May 31st, 1880. Physicians receiving this book are earnestly requested to make a record of each death occuring during the year, and to return the register at the close of the year to the Superintendent's Office. The object of this record is

to improve the vital statistics of the United States. It is very important that the profession should co-operate with the Department of the Interior by making accurate returns as provided for in the blank register, and return the same at the close of the year to the Superintendent at Washington, D. C.

Any physician failing to receive a copy of this register will be supplied with one by addressing General Walker.

The importance of this work was fully appreciated by the American Medical Association, as shown by the following resolution, recently adopted by that body during the meeting at Atlanta.

*Resolved,* That the American Medical Association earnestly recommends to each and every physician in the United States that he shall furnish such information as is requested by the Superintendent of the Census, and that he shall keep such record of his cases for the year, beginning June 1st, 1879, as will enable him to make this information accurate and reliable.

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THE TENTH ANNUAL MEETING of the American Association for the Cure of Inebriates was held in New York City, May 13th and 14th.

The opening address was delivered by the President, Dr. Willard Parker, of New York.

Papers were read by Dr. J. B. Mattison. *On Chloral Inebriety.*

Dr. T. D. Crothers. *On Loss of Memory and Consciousness in Inebriety.*

Dr. Elisha Chenery, of Boston. *On the Effects of Alcohol upon Offspring.*

Dr. George M. Beard. *On Some Forms of Neurasthenia, Resulting in Inebriety.*

And by Rev. John Willet. *On Alcohol and its Origin and Character, as both a beverage and a medicine.*

The following officers were elected for the ensuing year:—

*For President.*—Dr. Willard Parker, New York.

*For Vice-Presidents.*—Dr. Albert Day, Boston, Mass.; Dr. B. N. Comings, Conn.

*For Secretary and Treasurer.*—Dr. T. D. Crothers, Hartford, Conn.

*For Secretary for Foreign Correspondence.*—Dr. Joseph Parrish, Burlington, N. J.

*For Committee on Quarterly Journal of Inebriety*—Dr. T. D. Crothers, Dr. T. L. Mason, and Dr. Joseph Parrish.

American Health Primers.—Edited by W. W. Keen, M. D., Fellow of the College of Physicians, Philadelphia. A series of small volumes pertaining to sanitary science and the preservation of health. I. Hearing, and How to Keep It, by Charles H. Burnett, M. D., of Philadelphia; II. Long Life and How to Reach It, by J. G. Richardson, M. D., of Philadelphia; III. Sea-Air and Sea-Bathing, by Wm. S. Forbes, M. D., of Philadelphia; IV. The Summer and its Diseases, by Jas. C. Wilson, M. D., of Philadelphia; V. Eyesight, and How to Care for It, by George C. Harlan, M. D., of Philadelphia; VI. The Throat and the Voice, by J. Solis Cohen, M. D., of Philadelphia; VII. The Winter and its Dangers, by Hamilton Osgood, M. D., of Boston; VIII. The Mouth and the Teeth, by J. W. White, M. D., D. D. S., of Philadelphia; IX. Our Homes, by Henry Hartshorne, M. D., of Philadelphia; X. The Skin in Health and Disease, by L. D. Bulkley, M. D., of New York; XI. Brain Work and Overwork, by H. C. Wood, M. D., of Philadelphia.

Volumes in preparation, including the following subjects: "Preventible Diseases," "Accidents and Emergencies," "The Towns we Live In," "Diet in Health and Disease," "The Art of Nursing," "School and Industrial Hygiene," etc., etc. Lindsay & Blakiston, Publishers, 25 South Sixth Street, Philadelphia.

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The Annual Report of the Health Department of Baltimore for the year 1878.

Dr. Jas. A. Steuart, Commissioner of Health, gives the ratio of mortality to be 18.44 per 1,000, on an estimated population of 365,000 as against 22.04 for 1877 on an estimated population of 35.500. The total number of deaths for 1878 was 6.733, a decrease of 1.203 in the preceding year. Births reported for the year 6.060, believed to be less than one-half the real number, and therefore of no statistical value. The total cost of maintaining the Health Department for the year was $193,306.70, showing an economical management of public funds, which few city governments can boast of. The report of Dr. E. Lloyd Howard, physician in charge of the Marine Hospital shows the total number of patients received at this hospital for the year was thirty-five, ten of which were yellow fever; of these four died. There was one death from typhus fever. The total cost of the marine hospital service for the year was $16,694.18.

Hypodermic Injection of Morphia.—Dr. H. H. Kane, of 263½ West 8th street, Cincinnati, Ohio, who is collecting statistics on the use of the drug in this manner, will be greatly obliged to members of the profession for answers to the following questions:

1. What quantity of the drug do you generally use?
2. Do you use it alone or with atropia?
3. What is the largest amount you have injected at one time?
4. Have you had either inflammation or abscess at the point of injection?
5. Have you had drug deaths from the use of the drug in this manner?
6. Do you know of any cases of opium habit produced by the use of this instrument?

All communications will be considered *strictly confidential*, unless the party writing permits the use of his name. In case of death please state whether an autopsy was held and the results of same.

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Dr. Tilburry Fox died recently in Paris, whither he had gone in search of health. He was only in his 43d year. He was a splendid Englishman, learned, polished, gentle, full of ambition and courage. He is best known through his contributions to Dermatology, which are recognized as standard authority in this department of medicine. A laborious and earnest worker, he has departed in the prime of life, when his loss could least be spared to the world of science and humanity.

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Horlick's Food.—Elsewhere will be found an advertisement of Horlick's Food. This preparation is manufactured according to the formula of Baron Liebig, one of the greatest authorities on Infant Diet.

It comes to us highly recommended, as a valuable article of diet for infants, dyspeptics and invalids. It is in the form of a dry extract, perfectly soluable, and entirely free from bran and husks, non-farinaceous and alkaline in reaction.

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## A PRIZE OF $100.

At the Meeting of the Baltimore Academy of Medicine Held April 1st, 1879, the following resolution was adopted:

*Resolved*,—That a prize of $100 be offered for the best essay on a medical subject, to be written by a physician residing in the state of

Maryland. Each essay to be accompanied by a sealed envelope, containing the name and address of the author, and bearing a motto on the outside; the same motto to be inscribed on the essay. The prize not to be awarded unless an essay of sufficient merit be presented. Essay to be handed into the Corresponding Secretary of the Academy, by the first of February, 1880.

B. B. BROWNE, M. D.,
Recording and Corresponding Secretary,
Baltimore Academy of Medicine,
307 Madison Avenue.

## MISCELLANEY.

Ostrich Pepsine.—M. Alfred Ebelot, in an article in the *Revue des Deux Mondes*, on the means employed in the Argentine Republic to protect settlers in the Pampas from the Indians, gives some curious statements with regard to ostrich pepsine. The soldiers never could resist an ostrich hunt when they saw a male ostrich, as is the custom of that bird, taking out its young brood for food and exercise. The parent bird generally escaped, leaving its young in the hands of its enemies. When other food was scarce, they ate the young ostriches. Some portions of the flesh of these birds when young and fat are reckoned dainty by the Indians. Whilst eating the ostrich, the Indians always carefully put aside the stomach in order to collect the pepsine which it contains. "The stomach of the ostrich," says M. Ebelot, "is celebrated for its incredible powers of digestion. The abundance of pepsine, to which it owes this faculty, has created among the Indians a curious commercial fraud. They dry it and sell it literally for its weight in gold. It is used for the purpose of restoring worn out stomachs." A London medical journal says: "We think 'ostrich pepsine' such a splendid name for business purposes that we wonder it has never been adopted. The pepsine of the pig would have no chance in competition with that of the ostrich, and no great city dinner or regimental mess would be complete without a supply of this infallible specific, *'pour refaire les estomacs delabres.'* "—(*New Remedies.*)

Emmet on the Use of Ergot.—"From injudicious use of ergot in large quantities much harm has resulted, without the relation of

cause and effect being recognized. But, as a rule, great benefit follows its use when administered in small and continual doses, with the view of acting on the coats of the vessels and of exciting only moderate contraction of the uterine tissue. Ergot should never be given in *large* doses until after the uterine canal has been dilated, and until it be found that the tumor projects sufficiently to warrant the belief that it may become pedunculated by uterine contraction. I have committed this error myself, and have likewise frequently observed it in the practice of others. Should a tumor be found buried in the uterine walls, or so situated that it cannot become pedunculated, large doses of ergot can certainly accomplish no good. But, on the contrary, if the uterus be thus excited to violent contraction without a purpose, as it were, an increased quantity of blood will naturally flow to the parts, often with the direct result of causing cellulitis, and even peritonitis. By thus setting up a new source of irritation we will establish the most favorable condition for increasing the growth of the tumor."—*Emmet's Gynecology.*

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A Medical Utopia.—Philadelphia bears the enviable reputation of being less infested with charlatans and irregulars than any other large city. The chief reason is that quacks are systematically ignored, not only professionally but socially. They perhaps struggle along for a while under the ban of public distrust, but soon starve out and seek more congenial climes—San Francisco, for example. Quackery thrives here on the fat of the land; in other words, upon the support of the well-to-do classes. It is a matter of common remark that it is not the poor and unlearned who run after every new and blatant impostor, but rather those who are supposed to be intelligent and refined. There are several Chinese "physicians" in the slums of this city who can count their lady patients by the dozen. Negroes are the latest fancy: a deformed colored man did a thriving trade here for some years; another swarthy importation from the cane-brakers, who draws out cancers by the roots, is now following in his footsteps. It is refreshing to hear that there is at least one city where the common sense of the people arrays itself against the evil of quackery, and where, if report says true, homeopathy is drawing its last breath.—*Western Lancet.*

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Coroners' Inquests—Proposed Change in the Laws.—A bill has been introduced to the Michigan State Legislature radically chang-

ing our laws respecting coroners' inquests. On previous occasions we have pointed out the desirability of some change, in the interests of all concerned. It is notorious that rarely are these inquests so made as to supply the evidence needful to clear the innocent of taint or convict the guilty, To the profession they are absolutely valueless, because made by the incompetent and careless. The bill alluded to provides that all coroners shall be learned physicians, and shall be paid a definite sum for their services. The other sections provide the classes of persons that shall be thus examined, and the methods of procedure in each class.

In cases in which death by violence of another person is suspected, the prosecuting attorney of the county and justice of the peace are notified, and the justice shall hold an inquest, fully investigating all the legal features of the case· We hope the bill may become a law, as it would work to the advantage of science, justice and humanity. Physicians who have an influence with members of the Legislature would do well to exert it to the utmost *just now*. Should it fail this time, let us keep at work and have things in order for next session.—*Detroit Lancet.*

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THE name of Schroeder is well known amongst us. We are all familiar with his classic work on gynecology and with his great success as an ovariotomist since his adoption of Listerism. He is yet a young man, with a splendid record and an assured brilliant future. I saw in his wards an interesting case of extirpation of the uterus for sarcoma.

The operation had been performed about ten days before, and the patient was convalescent. She was nearly forty years old, and had a tumor about the size of an egg in the body of the uterus. A bit of it was scraped out with the curette, submitted to the microscope, and found to be malignant.

Prof. Schroeder then determined to extirpate the organ. He made the incision as for ovariotomy; drew the uterus up from the pelvis; transfixed the cervix with a double ligature antero-posteriorly, just above the vaginal junction; tied one on each side, including the corresponding part of the broad ligament, just as Péan does; and then he amputated the body of the uterus from the cervix at the os internum. This left a raw surface about an inch and a half in diameter, which Péan and others have been in the habit of pulling outside through the lower angle of the abdominal incision, and fixing it there,

as they did the pedicle in ovariotomy. The clamped pedicle and Listerism are antagonistic, if not incompatible. Prof. Schroeder did not wish to leave a sloughing pedicle outside; nor did he wish to leave a suppurating one inside the peritoneal cavity. And he hit upon this happy idea. He exsected the cervix conically from the amputation surface down to the point at which it had been transfixed with the ligatures; and then he brought its thin edges together antero-posteriorly, and secured them with fine interrupted carbolized silk sutures. Thus the incised surfaces were brought into contact internally, leaving only serous surfaces in contact in the peritoneal cavity. It was beautiful in theory and successful in practice; for the patient recovered, with the pulse and temperature remaining very nearly normal all the time.—(*Dr. Sim's Med. Record.*)

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Functional Obstruction of the Intestine, Probably of Hysterical Origin.—Dr. G. W. H. Kemper gives the following interesting history: The patient was a young woman, twenty-four years of age, who had been married one month. She at first suffered from slight nausea and indigestion, followed by a light and easily controlled attack of diarrhœa. Two or three days after the cessation of the diarrhœa some uneasiness was felt in the bowels, and a purgative was administered, but rejected from the stomach. Vomiting became more severe, and, on the fourth day, was stercoraceous. The temperature and pulse were nearly normal, and the patient merely complained of uneasiness in the abdomen. This region was thoroughly examined, and also the rectum and vagina; no knot or invagination could be discovered. Belladonna was given in moderate doses, and, when active restlessness occurred, morphia, combined with minute doses of calomel. Copious injections of warm water were thrown daily into the colon by means of elastic tubes. The body of the patient was occasionally inverted and manipulations made over the abdomen. Upon the fourteenth day of the disease three copious alvine evacuations occurred in rapid succession.

During the entire illness the constitutional disturbance was but slight, and the patient's strength and embonpoint were well preserved.

Three days after the bowels were moved the patient became morose and melancholy, followed by alternate fits of crying, laughter, and screaming. This hysterical condition continued for three days, and then suddenly disappeared. This hysterical condition, together with the fact that none of the symptoms indicated intussusception, serve to

show that the intestinal obstruction was probably of an hysterical nature.—*The American Practitioner*,

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MAHOMED ON BRIGHT'S DISEASE.—An interesting study of the Records in Guy's Hospital, London, by the medical registrar, Dr. Mahomed, have led him to the following conclusions with reference to the important points now at issue in the history of Bright's disease:

1. Albuminuria, though occasionally produced by other causes, is generally the result of increased pressure in the capillaries of the kidney, either venous or arterial.

2. Neither albuminuria nor dropsy are usually present in chronic Bright's disease; when present they indicate acute or epithelial changes.

3. The blood-condition which produces the high arterial pressure of Bright's disease is the primary condition, and is not secondary to deficient renal excretion, as held by Bright himself, and subsequently by nearly every authority upon the subject.

4. The most generally accepted account of the disease and its symptoms fail to recognize it in by far the larger number of cases in which it exists.

5. Cases present themselves bearing the aspects of various form of heart disease, of bronchitis, of cirrhosis, of cerebral disease, and many other conditions, in which we can only discover the existence of chronic Bright's disease, as the *fons et origo mali*, by the signs of high pressure in the arterial system.

6. The cardio-vascular changes, when found alone, may be taken as evidence of the existence of the disease.

7. Similar changes to those found in the kidneys exist also in the mucous membranes, in the skin, and in other parts.

8. The condition of high pressure is almost constantly present in old age, and, in one form or other, brings about a large proportion of the deaths in persons over fifty.

9. The existence of high arterial pressure in the pulse of young persons indicates a diathesis, and is of grave importance.

10. The same condition, being of frequent occurrence, after the age of fifty, is not of such great importance unless present to an excessive degree; it then produces serious symptoms, and calls for active treatment.

Some of these propositions have already been enunciated by Gull and Sutton, though they have not met with general acceptance. It

is plain that the root of the matter has not been reached as yet — *Lancet.*

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Hot Applications to the Head in Uterine Hemorrhages. —The anæmia of the brain is one of the most dangerous symptoms in acute hemorrhage; hence Schroder recommends to put the head of the patient low. Others recommended transfusion, some Esmarch's apparatus on the extremities (Moeller,) and Nitrate of Amyl has also been highly spoken of, in order to force more blood in the anæmic brain.

Koehler used for the last seven years hot applications to the head, in order to remove anæmia from the brain, especially as the brain is considered the chief factor of life. At the same time hot applications may be put over the cardiac region. As sand is nearly always handy, he prefers hot sandbags. The patient bears well sand of such high temperature that the hand can hardly hold it. The sandbags are hardly applied, when consciousness returns, the pulse returns and becomes stronger, the patient acknowledges to feel better, the dimness before the eyes and the surring in the ears disappear, and as the heat in the bag declines, she requests another hot one. Even in most desperate cases Dr. Koehler saved thus the life of his patient. There is no time lost, inasmuch as any person can attend to it. In acute anæmia, in consequence of epistaxis, the same treatment succeeds. Let us discard the ancient horrible ice-bag in anæmia from acute hemorrhages. The patient wants heat, it feels agreeable to him, let us respond to this call of nature.—*Allg. Med. Centr. Zeitung.* 2, 1879.

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Writer's Cramp.—Dr. George M. Beard, in a paper on "Writer's Cramp," published in a recent number of the *Medical Record*, concludes, from a study of 125 cases, that "this disease occurs mostly in those who are of strong—frequently of very strong—constitutions, and is quite rare in the nervous and delicate; and when it does occur in those who are nervous, is easier relieved and cured than when it occurs in the strong." . . . That it "is far less likely to occur in those who do original work, as authors, journalists, composers, than in those who do routine work, as clerks, book-keepers, copyists, etc. . . . Like all nervous diseases in this country, it diminishes in frequency as we go South."

It is no longer an incurable disease, electricity and massage being the best remedies. Hygienic measures consist of ring penholders, so

as to relieve the thumb and fingers; large penholders, or fastening a piece of sponge to the penholder, so that the muscles may be less restricted; changing the hold of the pen between different fingers; the use of quill or other flexible pens, or pens with broad points, which run easily, like quill pens, and taking pains to avoid too long confinement to one position.

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A New Anæsthetic.—The Paris correspondent of the "Lancet" gives some particulars of Professor Bert's new method of producing anæsthesia. A mixture of eighty-five parts of nitrous oxide and fifteen parts of oxygen was inhaled by a patient under increased atmospheric pressure. The experimenters were subject to the same pressure, but it was not sufficient to cause serious discomfort. In about fifteen seconds the patient was completely insensible and the muscles relaxed. Dr. Labbé then operated for ingrowing toe-nail, and the patient recovered consciousness in less than a minute after the anæsthetic was withdrawn. Under ordinary pressure, the mixture does not produce any anæsthetic effect.—*N. Y. Med. Jour.*

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Antiseptic Treatment of the Genital Canal in Women.—The following is Schucking's method of procedure: Immediately after delivery he wipes out the vagina with a tampon of cotton dipped in a five per cent. solution of carbolic acid; after this he carries up to the fundus of the uterus a uterine sound enveloped in gauze previously soaked in the same solution. Then, by means of an irrigator, which is connected with the uterine sound, the uterus and the vagina are thoroughly disinfected. He finally fills the irrigator with a solution containing 10 per cent. of the sulphite of soda, and 5 per cent. of glycerine; this is destined for permanent irrigation. Every twelve hours he removes the sound with the gauze enveloping it, and replaces it by another sound prepared in the same way. At the same time he repeats the carbolic acid injections, and follows it as before with the soda solution. The duration of the treatment varies according to the necessities of each particular case.—*Gazette Obstetricale.—Med Rec.*

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Atlantic Hotel, Beaufort, N. C.—The above excellent hotel, located at Beaufort, N. C., known as the "Cape May of the South," is open for the reception of guests.

This hotel faces the ocean, only a short distance away, and is situated directly over the water, with the tide ebbing and flowing under

and around it, and is entirely free from dust, flies and mosquitoes.

The facilities for sailing and for bathing, either in still water or in the surf, are unsurpassed.

Altogether, this resort presents all the comforts and attractions, for health and pleasure, to be found anywhere on the coast of this country, and we take pleasure in recommending it, and the Atlantic Hotel especially.

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Paraplegia in Syphilitic Subjects.—Dr. E. C. Seguin reports the histories of six interesting cases of this disease, and presents the following considerations with regard to the treatment of severe cases:

1. To keep the bladder empty, and to prevent or reduce cystitis. This is done by removing the urine two or three times a day by means of perfectly smooth, soft catheters, which are to be kept in carbolized water when not used. If cystitis exist, injections of lukewarm water, of borated or carbolized water, will do good, or even cure the disease.

2. To prevent bed-sores, by keeping the sheets and shirt of the patient perfectly smooth and taut; by preventing urine from running under him; by frequent sponging with alcohol and water; and by the use of powders. If bed-sores have formed, they should be treated with ice or snow poultices for ten minutes, twice a day, and stimulating dressings for the rest of the time; gangrenous shreds should be picked out, and the recesses of the sore injected with strongly carbolized water. Pressure should be removed by change of posture and by appropriate pads.—*Archives of Dermatology*, April, 1879.

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The Necropsy of M. Groux.—At the meeting of the Brooklyn Anatomical and Surgical Club, on November 18, 1878, the sternum of the late Dr. Groux was presented, together with a report of his celebrated case. The sternum belonged to a very rare class of imperfection, as it presented a complete medium fissure of the bone, but no deficiency of bony substance. All the articulations, both of the clavicles as well as of the costal cartilages, were perfectly normal. A pulsating tumor could be seen in the mediosternal space, which, at the necropsy, proved to be the right ventricle. All the other organs were perfectly normal. Dr. Groux was also remarkable for the power which he possessed of arresting at any time the beating of his heart. According to him, this was purely an act of mental volition, but was

always preceded by two or three deep inspirations. He never, however, prolonged this experiment beyond twenty seconds, deeming it imprudent to go any further.—*British Medical Journal.*

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Dangers of the Uterine Sound.—Dr. C. Liebman, of Trieste had the misfortune to perforate the uterine walls of two patients while making examination with Simpson's sound. The evil consequences were transient and trifling, but Dr. L. has resolved to abandon the introduction of the sound. From one hundred experiments on the cadaver he found that in about twenty per cent. the sound could be made to perforate the fundus with very slight pressure, while in some the uterus was sufficiently resisting to cause the bending of a Sims sound forced against the fundus.—*St. Louis Courier of Med.*

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Glossophytis.—Dessois is of opinion (*These de Paris*, 1878): 1. That the black hue of the tongue and hypertrophy of the papillæ of the tongue are always connected with the presence of a vegetable parasite. 2. That this coloring must be ascribed to the fungus, from which it spreads to the long epithelial sheaths of the papillæ. 3. That the hypertrophy of the papillæ, which exists more or less before the affection breaks out on the tongue, and which proves a fertile soil for the parasite, is principally due, at a later period, to the irritation caused by this cryptogam.—*Lond. Med. Record*, April 15, 1879.

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Dr. Tilbury Fox left a written request that it should be reported of him in any obituary notice which might appear in *The Lancet*:—"I die a Christian in the now, I fear, much despised sense of that term, a 'simple believer in Jesus Christ as a personal living and loving Saviour,' without any righteousness of my own, but perfect and secure in His; and that 'I know in whom I have believed, and am persuaded that He is able to keep that which I have committed to Him until that day.'"—*London Lancet.*

## OBITUARY RECORD.

JOHN THOMPSON DARBY, M. D.—Dr. Darby, late Professor of Surgery in the Medical Department of the University of the City of New York, died on Monday, the 9th inst., after a lingering illness. He was born at Pond-Bluff Plantation, St. Matthew's Parish, S. C., on the 16th of December, 1836, and was a descendant from English colonial residents of the province of the Carolinas. His early education was acquired at Mt. Zion and South Carolina Colleges. He pursued his first regular course of medical lectures at the Medical College of Charleston, and graduated as a doctor of medicine at the University of Pennsylvania in 1859, having been a private student of Professor Leidy. After graduating he became an interne of the St. Joseph and Philadelphia Hospitals, gave private courses of instruction on surgery, and was made demonstrator in the Chant Street School of Anatomy then conducted by Dr. D. H. Agnew. He practiced medicine in Philadelphia until the breaking out of the civil war, when he returned to his native State, and at once was appointed surgeon in the Confederate army. He served in the field from May, 1861, until the surrender, in May, 1865, having held, in succession, the position of surgeon to the Hampton Legion, and chief surgeon and medical director in various commands of the armies of Virginia and Tennessee. During the war he was sent to Europe on a mission connected with the Medical Department of the Confederate States, where he devoted four months to a general study of the hospitals of London and Paris. At the close of the war he returned to Europe, and pursued his studies, both in the hospitals of Great Britain and of the Continent. He served as a volunteer field surgeon in the Prussian army during the German war of 1866. In 1868, while still absent in Europe, he was elected to the chair of Anatomy and Surgery in the University of South Carolina, and, on his return, established himself in Columbia. He subsequently resigned this position, and, in 1873, accepted the professorship of Surgical Anatomy in the Medical Department of the University of the City of New York. In the following year he was elected Professor of Surgery in the same institution, which position he held until a short time before his death, when he was made Emeritus Professor. At the

me of his death he held the position of Visiting Surgeon to Bellevue and Mt. Sinai Hospitals of New York, and was a member of the Medical Society of the County of New York; the New York Academy of Medicine; the Academy of Sciences, Philadelphia; Permanent Member of the American Medical Association; and several local medical societies. He was also ex-President of the State Medical Association of South Carolina. Dr. Darby was a genial gentleman, and a favorite medical teacher. His skill as a surgeon was fully recognized by his colleagues, and by those who had opportunity of witnessing some of the more brilliant of his operations. Among his contributions to medical literature the more prominent are: "A Thesis on the Anatomy, Physiology, and Pathology of the Supra-Renal Capsules;" "Campaign Notes on the German War of 1866;" Horse-hair as a Ligature and Suture;" "Liquid-Glass as a Surgical Dressing;" and "The Trephine in Traumatic Epilepsy."—*Medical Record.*

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Dr. Francis Fontaine Maury,—Died at his late residence in this city, June 4th, of pulmonary disease, in the thirty-ninth year of his age.

The deceased was born in Danville, Ky., August 4th, 1840, and was educated at Centre College, in that city. His first course of lectures was attended at the medical department of the University of Virginia, and afterward he attended a course at the Jefferson Medical College of Philadelphia, where he graduated in 1862. He was considered one of the most skillful surgeons in Philadelphia. Among the remarkable operations performed by him was a successful amputation at the hip-joint; he performed the first operation for gastronomy in this country. He edited the *Photographic Bureau of Medicine and Surgery* for two years, and published a number of reports of medical and surgical cases. He was surgeon to the Jefferson Medical College Hospital, surgeon to the Philadelphia Hospital, and during the war was Surgeon-in-Chief of the United States Army Hospital, at Twenty-fourth and South Streets, in this city. He was a lecturer at the Jefferson College, and was a member of the College of Physicians and Pathological Society of Philadelphia.—(*Med. and Surgical Reporter.*)

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Dr. Hanson Dorsey.—Dr. Hanson Dorsey, one of the best and most influential physicians in the Valley of Virginia, died at his residence near Front Royal, Va., on the 21st of June. Dr. Dorsey was

born near Ellicott City, Howard Co., Md., March 3d, 1810. He studied medicine in the office of his relative, Dr. Henry Howard, at Brookville, Md., and graduated from the University of Maryland, in 1833. He began the practice of his profession at Smithfield, Washington, Co., Md., where he remained only a few months, then went to the Valley of Virginia and located at Wickleffe, Clarke County, where he lived thirteen years. He then removed to Front Royal, and engaged in a large and laborious practice. In 1852–3 Dr. Dorsey represented Warren and Clarke Counties in the general assembly of Virginia, but having little fondness for legislative life, he declined a re-election and resumed the practice of his profession. Dr. Dorsey's health grew feeble some fifteen years ago, and he retired from the active practice of his profession and devoted the remainder of his life to the quiet pursuit of agriculture, at his handsome farm, Greenfield, located on the Blue Ridge Mountains, three miles from Front Royal, the site of the battle field of Manassas Gap, fought between the armies of Meade and Lee, in July, 1863. During his day Dr. Dorsey stood in the front rank of his profession, and was recognized as a careful, skillful and conscientious practitioner of medicine. He was a man of most excellent judgment, of large information, and a close observer of disease. As a practitioner he was most successful. Dr. Dorsey was a large-heated man, a warm and sincere friend, a useful and influential citizen, a gentleman of high integrity, of unbounded hospitality, liberal, public spirited, just and frank in his dealings with his fellow man, a model husband and father. He was a man of large ideas, of liberal opinions and extended culture. He was an ornament to the social circle, and his society was sought after by the young and old as the genial, cultivated gentleman, and wise companion and friend. The writer of this notice, when a mere youth, enjoyed the privilege of knowing and valuing the friendship of the deceased, and he carries with him through life bright memories of his friend and adviser. Though seventy years of age at the time of his death, Dr. Dorsey had lost none of his youthful thought and feeling. He delighted in the society of the young, and was ever ready to contribute to their pleasure and happiness. Few men have lived to better purpose, or pass away more lamented by a community, than our deceased friend. A.

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## ORIGINAL PAPERS.

### FATTY DISEASE OF THE HEART.

BY S. C. CHEW, M. D., PROFESSOR OF THERAPEUTICS AND CLINICAL MEDICINE, UNIVERSITY OF MARYLAND.

(*A Clinical Lecture Delivered in the Hospital of the University of Maryland.*)

I propose calling your attention to-day to the subject of Fatty Disease of the Heart, which is deserving of careful attention from the frequency of its occurrence, from the distressing character of the symptoms that it may give rise to, and from the difficulty that often attends its diagnosis.

The heart may be affected with fatty disease in two distinct forms; first, by having adipose matter deposited upon it and between its muscular fibres; and secondly, by these muscular fibres themselves having undergone a molecular change into a fatty substance. Hence the term fatty disease is an equivocal one as applied to the heart, being used to designate conditions different in anatomical and pathological characters, and different too in clinical features.

The second form alone is in strictness to be regarded as a true fatty degeneration of the heart itself.

The following case may, perhaps, be regarded as an illustration of this condition; at any rate it may suggest some remarks upon the disease, though it must be admitted that the relation of the malady in question and the case reported cannot be certainly established:

H. W. S., a sailor by occupation, entered the Baltimore Infirmary March 12th, suffering with difficulty of respiration and loss of strength. He stated that his health had been gradually failing for some time, but that the oppression of breathing dated back only a few weeks. In

form he was erect and well made; his hair was thick and perfectly black; and he appeared to several persons who were requested to estimate his age, to be about forty-five years old. He illustrated, however, in a very remarkable way, the reverse of what is a matter of constant observation with physicians having charge of hospitals for seamen, viz.: that the exposure and hardship incident to their lives render them prematurely old in look, so that their apparent age may often be lessened by twenty years to reach the truth. The estimate in this case was wide of the mark by twenty-five years in the other direction; for the patient stated that he had nearly completed his three score and tenth year; appearing, however, to be but forty-five. Had he been a sailor of Ponce de Leon's crew when they went in search of the fountain of perpetual youth, he might, for a while, have claimed to have succeeded in his quest.

Two signs, however, told a story different from the one indicated by his general appearance; a story, that is, of decay, probably, but not necessarily, senile in character. These were an atheromatous state of his radial arteries and a well-marked arcus at the edge of either cornea. Percussion gave nearly normal clearness over both sides of the chest; there were diffused moist rales throughout the lungs; the cardiac impulse was very feeble, and the first sound especially faint and obscure. The diagnosis made was that of diffused bronchial catarrh, accompanied *probably* with fatty degeneration of the heart.

On the 10th of March, four days after the admission of this patient, my term of duty at the hospital ended, and I ceased to have charge of the case. On the 24th, he died, as I subsequently learned, without any increase of his pulmonary symptoms, but from gradual failure of the heart's action, his mind remaining clear almost to the last moment of life. Unfortunately a post-mortem examination could not be obtained, as his body was claimed and removed by his friends. The mode of death corroborated to a great degree the diagnosis of the heart's condition, as it was fairly presumable that the death by asthenia was due to the changed condition of the heart's fibres, in consequence of which their organic contractility was progressively destroyed and their functioning power ceased.

It may be safely asserted that there is no physical sign or group of signs pointing with certainty to fatty disease of the heart, and serving to establish its diagnosis with the same precision that may be obtained in the case of valvular lesions, and the conditions resulting therefrom, hypertrophy and dilatation. But while demonstrative evi-,

dence of the malady may be always wanting, yet there are inferential grounds for believing in its existence, which in a large proportion of cases that have reached a certain stage, may enable us to arrive at a highly probable conclusion. In cases, I say, that have reached a certain stage; for the very incipiency of the condition certainly eludes all methods of detection at present possessed; and it is probable from the very nature of the case that the early formative stage must continue to escape observation. Still the existence of fatty degeneration of the heart is from certain signs presumable with high probability at a period sufficiently early to make therapeutic measures tending to check or retard its progress of great value. So that it is not only as a question of prognosis, but as one of available treatment, that importance is to be attached to the ascertainment of this condition.

While agreeing with Dr. Balfour, of Edinburgh, in his doubts as to the possibility of diagnosticating a fatty heart with absolute certainty, I must nevertheless dissent from his opinion that our suspicions of its existence may just as often be wrong as right, and that they are as likely to be based upon simple atrophy or dilatation, as upon fatty disease, in spite of the existence of an arcus senilis.

Of course the value of any suspicion must depend in many cases upon the ability of the one who suspects, to form a well-grounded opinion. But granting that there are proper qualifications in this respect, such as adequate pathological knowledge, and an ear well trained in auscultation, then, although as remarked before, entire certainty may not be attainable, yet suspicions as to the existence of the condition ought in a much larger proportion of cases to be right than wrong. For of course any doubt as to what the symptoms of a condition may indicate, arises from the resemblance that these symptoms may bear to those of another condition, and the consequent confusion between the two. Now what signs are there accompanying fatty degeneration of the heart, which are also found in the diseased states of the organ? The signs of cardiac debility, which are feebleness of impulse and especially diminished intensity of the first sound. For although the notion once so generally entertained that this sound is mainly muscular in origin, is not now tenable, and it is to be regarded as due to the closure with tension of the auriculo-ventricular valves, yet of course muscular weakness will explain the diminished energy with which these valves are closed, and hence the diminished sound.

These signs may be due.

1st. To the paralyzing effect of high temperature in fever, especi-

ally typhoid and typhus fevers, and also in pneumonia and extensive bronchitis; or

2ndly, to pericardial effusion; or

3rdly, to pulmonary emphysema; or

4thly, to simple atrophy of the heart; or

5thly, to dilatation of the organ.

As to the first of these sources of fallacy, the history of the case is sufficient to set it aside; if the patient recover from his fever, the heart that has been merely depressed by temperature will recover its force, and recover it in general very rapidly.

In regard to *pericardial effusion*, the history of the case will again be a sufficient guide in determining the share it has had in causing the progressive failure in heart power, if the patient have been seen by the physician from the beginning of the attack. And even if the case be taken up in the middle of its course when effusion has already occurred, the increased area of cardiac dulness, the remoteness as well as feebleness of the sounds, the bulging of the precordial region that is sometimes apparent, and the partial relief experienced by leaning forward and taking pressure from the heart, all these signs will show the mechanical cause of the trouble. The area of cardiac dulness undergoes no increase in fatty disease, unless it be accompanied with some other change.

If the feebleness of the heart's impulse and sounds be due to *emphysematous lung* overlapping the organ, this will be indicated by the signs of emphysema elsewhere, and by percussion clearness taking the place of the dulness which should naturally be found in the precordia.

Simple *atrophy* of the heart independent of fatty disease must be an exceedingly rare condition; if indeed it ever occur. Within the past year a heart was exhibited before the Academy of Medicine of this city by Dr. McKew, which was distinctly and remarkably atrophic in size; but fatty degeneration was visible not only under the microscope, but even to the unaided eye.

In the normal state, the muscular fibres of the heart show the transverse striæ characteristic of voluntary muscles; but in this disease the striated appearance is no longer visible, fat globules taking the place of the proper muscular tissue. In persons of very inactive and sedentary habits, there may be a general failure of nutrition in the muscular system, and of the heart in common with the other muscles;

yet fatty change of the fibres is the very expression and concomitant of this defective nutrition.

The muscles of a limb kept in prolonged disuse by disease of a joint are found to be not only flabby but fatty; the unused muscles require less blood-supply; and though the function of the heart is never entirely suspended during life, as that of other muscles may be, yet it is imperfectly performed in persons of sedentary habits. The organ is thus underworked and becomes degenerated; and the degeneration of underwork is of the fatty kind. An interesting illustration of the same point is seen in the results of an examination made by Mr. Gant, of the tissues and organs of prize cattle. In some of these the heart was found so soft and flabby that it had nearly lost its contractile power; and while the change was partly dependent on accumulation of fat upon the organ, it was yet still more due to fatty degeneration of its muscular fibres.*

Finally a *dilated heart* may simulate a fatty heart in its feebleness of impulse and sounds; and it is, no doubt, often difficult to discriminate between the two conditions. But dilatation, it is to be remembered, is almost always the advanced stage of a lesion which is expressed by valvular murmurs. Or again valvular murmurs, regurgitant in character and situated in the mitral and tricuspid areas, are occasioned by the dilated walls drawing back the tendinous chords, and thus preventing the valves from closing. In the co-existence of such murmurs we have generally a note of distinction between dilatation of the heart walls, and simple fatty degeneration.

Eliminating therefore these several sources of error we may in many cases at least come with reasonable probability to a correct conclusion as to the presence or absence of fatty disease of the heart. When it is found, treatment is of the highest importance; and though it will be beneficial in proportion to the slight progress that the malady has made, yet even in advanced cases in which the heart is extensively damaged, good will come of judicious management, Of drugs the most important is iron, which by enriching the blood will cause the heart muscle to be better nourished; and thus the degenerative process may be arrested, or at any rate retarded. Regular exercise in the open air, kept within the limits of great fatigue, should be enjoined, except in very advanced cases where the tendency to syncope is often marked on even slight exertion. But in earlier stages degenerative

*"Evil Results of Overfeeding Cattle," by F. J. Gant, 1858.

disease in the heart muscle is probably prevented from advancing by such exercise as secures full nutrition, which should also be promoted by wholesome and sufficient food.

There are several conditions, or series of symptoms profoundly involving the nervous system, which at times occur in those who are the subjects of fatty disease of the heart. One of these is a form of coma to which patients the subjects of this malady are liable when it is far advanced. They become unconscious and are in a state resembling apoplexy, except that they are not apt to breathe stertorously, and paralysis does not ensue. Sometimes, however, convulsive movements and twitchings are observed. These symptoms may be due to venous stasis from the feeble action of the heart; or more probably, as held by Stokes, to cerebral anæmia, the brain receiving too little arterial blood; and sometimes the condition terminates fatally. In Dr. Quain's researches into the subject of fatty disease of the heart he reports seven cases out of eighty-three as having died comatose.

Another neurotic condition that may accompany and depend upon this disease is angina pectoris, which though not invariably connected with any one organic change, in a considerable number of cases is found associated with the malady under consideration. A question of great importance in connection with it relates to the safety of chloroform administered for its relief. Beyond doubt a fatty heart is especially liable to the depressing action of any debilitating influence like that of chloroform; and therefore it is specially to be avoided when this condition of disease exists. But in the appalling paroxysms of supreme agony which characterize angina, the one thing needed is to free the heart as speedily as possible from the depressing influence of the pain, by obtunding the sensibility of the nerve centres. Here, if in any case—*anceps remedium potius quam nullum;* and although nitrite of amyle often answers the purpose well; yet some patients become so quickly tolerant of it, that it ceases to benefit them; and in others the fulness in the head which it produces, causes such distress that they shrink from its use. Then nothing is left but chloroform, which though dangerous is better than impending death.

Still another symptom involving the nervous system, which is sometimes met with in the subjects of fatty disease of the heart, is a peculiar form of dyspnœa, known as the *Cheyne-Stokes respiration.* Shortness of breath is of frequent occurrence in this form of heart disease, as it is in any other in which

the propelling power of the organ is diminished. But in some cases the dyspnœa is of the peculiar rhythmic form which has received the above name from having been first described by Cheyne, in 1818, and afterwards more fully studied by Stokes in 1846. By the latter physician it was believed to be characteristic of fatty disease of the heart; but further study and experience have shown that in this he was mistaken. It has been met with in dilatation, in aortic atheromatous disease, and in other affections in which the heart is not at all involved, such as tumours of the brain, tubercular meningitis and cerebral hæmorrhage.

This form of dyspnœa has also been termed "ascending and descending respiration," the paroxysms taking the form of a series of respiratory acts, deeper and deeper until they finally become very laborious, after which they grow gradually shallower, until they are scarcely perceptible, the patient having apparently almost ceased to breathe.

This change in the rhythm of respiration is probably due, as suggested by Walshe, to a lowered sensibility of the respiratory centre in the medulla oblongata; and while occurring not uncommonly in fatty disease of the heart, it is yet not to be regarded as peculiar to that condition.

A consideration of grave importance connected with fatty disease of the heart, is the liability it occasions to sudden death. You well know how in the popular mind affections of the heart are held in peculiar dread, as being prone to a suddenly fatal ending. There is to some extent ground for this prevailing belief and fear, which however, are in most cases misplaced and unnecessary. In much the largest proportion of cardiac diseases, the declension is gradual, and "the shadow feared of man" is often cast a long distance before. The hypertrophy and dilatation which follow valvular diseases, and result in dropsy have generally a very protracted train of symptoms before they terminate in death. Even in cases where without being actually sudden, the extinction of life ensues rapidly after the first appearance of serious symptoms, the cause is commonly to be found in some other organ than the heart; as when uræmic coma or convulsions come on where kidney disease had not been suspected beforehand; or when apoplexy results from the giving way of a blood vessel, the fragility of which could not have been known.

But when fatty degeneration of the heart exists, there is a constant liability to really sudden death, the immediate and unforewarned ex-

tinction of life. This is true, whether valvular disease co-exists with the fatty degeneration or not; but the immediate cause of death is not the changed condition of the valves, but the weakness of the muscular fibres.

Some exertion or change of position is made, calling for an effort beyond the power of the weakened heart, and fatal syncope results. It is certainly a rare thing for valvular disease to cause sudden death, unless the muscular fibres of the heart have been degenerated and softened. The significant remark is made by Dr. Waters, of Liverpool, that in *all cases* of sudden death from heart disease in which he had made a post-mortem examination, fatty degeneration of the muscular fibre was found to a greater or less extent.

The physician who has charge of such cases should always bear in mind their liability to this sudden ending; both on account of his own reputation, that he may not seem to be taken by surprise, and also because it may sometimes be his duty to forewarn patients of this tendency of their malady.

## THEORIES OF DISEASES—PRELIMINARY REMARKS.

BY B. F. GROVE, M. D., BALTIMORE.

„ Quot homines, tot sententia " is an old and a true saying, as applicable to medicine as to any other department of learning I know of; and therefore, since there are so many probably guessing, it may not be out of the way for me to do a little of it also.

With the teleological theory of the phenomena of the universe came, and still obtain various and varied narrow notions as to the relations and affinities of these phenomena; and among the many who accept that theory, many of these phenomena, nay, the vast majority of all the modes and conditions of matter and force, are looked upon as entities in and of themselves, each standing apart as an isolated fact, separate and distinct, the result of a special and independent proximate causation. Aristotle probably laid the foundation for broader views, but it remained for Goethe, Oken, Lamarek, Darwin, Spencer, to develop that system of generalization, which has so thoroughly changed the methods of scientific investigation. Goethe's views upon the morphological relations of the parts of plants, of the vertebræ, cannot but have greatly hastened those following him in rising from the contracted and artificial system of Linnæus, to the broad

and national one of Lindley—destined at some future time to become still broader—in rising from the special physiology of an Agassiz, to the general one of Hæckel. As long as men blindly looked upon consciousness as an existence *per se*, just so long were they incapable of properly studying it; so soon, however, as they saw in it but an *effect* of underlying material conditions, so soon were they able to appreciate its true nature. Science, and I mean more particularly that of medicine, had been until recently too prone to adapt its facts to its theories instead of these to its facts; and, accepting as true, certain hypotheses, had arbitrarily scanned its facts but to adopt them to those hypotheses, declaring these to be true until proven untrue; than which no position could be more false and erroneous. Fallacious ideas of the immediate relations of certain phenomena crept in, a necessary consequence of a want of appreciation of their more general connection; and *post hoc ergo propter hoc*, though denied as a *rule*, is tacitly accepted and acted upon. Then most flagrant errors arise also from incorrect notions of what constitutes evidence; that which is a mere possibility, or at most a probability, being affirmed as absolute certainty, in so far as it is possible for man to be certain at all. For example: a man receives an injury upon the head—a blow; meningitis develops itself; the patient dies; the post-mortem discovers no tubercles; and, therefore, the meningitis, which had no marked anatomy, is decided to be simple and traumatic, and consequently death has been brought about indirectly by the blow. Such logic is inconsistent. Firstly, because it asserts that tubercles are a *sine qua non* of tubercular meningitis—so called—which is tantamount to asserting that tubercle is auto genetic, in that it ignores the cause, which, efficient in producing tubercle, must have been equally so in inducing the meningitis. The chances are, at any rate, even, that this intrinsic condition may advance to the production of meningitis with or without tubercle; and the converse. Moreover, admit that their presence is essential; then the fact that none were discovered proves nothing, except that they were not found: for, to say that they were *not present* because not found, is the same as asserting that the investigator would have found them had they been present; and this is equivalent to nothing more nor less than an enunciation of infallibility. Secondly, and a fortiori, it is fallacious in that it absolutely denies the possibility of coincidence in time of any causes which may lead to meningitis, at least any two of them; thereby implicitly asserting that it is impossible for a man struck upon the head to be attacked with meningitis,

unless it results from said blow; which is obviously absurd. Moreover, the number of blows received upon the head, not producing fracture, serious contusion of soft parts, encephalo-hematoma, and not followed by meningits, are indefinite in number, say infinite, as compared with those followed by it; and therefore the amount of probability that, in any given case, meningitis will follow such blow, will be as infinity or indefinity to unity against the fact. Granting, for the sake of argument, that the number of cases, capable of inducing meningitis are twelve, then the probability, that a meningitis, consequent upon such blow as the above, had been produced by it, would be eleven to one against the fact; for the possibility of coincidence in time of two or more cases cannot be denied. According to Surg. Gen. Barnes, in 7,739 cases of gunshot wounds of scalp the deaths were 1,07 per cent.—93, counting 63 from unknown causes among them—from meningitis and encephalitis (?); by the most liberal estimate this would indicate consecutive meningitis in but 2.14 per cent. of the whole—331 cases of contused and lacerated scalp, being all that could be found, occurring from falls, and blows other than by weapons, all recovered. Now, allowing that a man with simple meningitis *has* an even chance of his life, we may accept that one case of the disease occurred in this number, the patient recovering, and this would be but 0.3 per cent. of the whole: a most liberal allowance. In 8,958 cases of injury to head, produced by every species of instrument from a pea-shooter to solid shot and caisson wheel, the deaths were—from all causes—305, or 3.4 per cent. of the whole: none of these cases were complicated by fracture, and many of the deaths were from tetanus, gangrene, shock, erysipelas, &c. Admit, however, that two-thirds of them were from meningitis, then the per centage of its occurrence in these 8,958 cases of injury serious and slight could not be more than 4.7⅓ per cent.; and this is, no doubt, higher than it actually was. Among 5,825,480 cases of disease and injury of all kinds, the ratio of encephalitis (?) was 0.035 per cent.; of meningitis alone, 0.023 per cent. From the above figures it will be seen that the estimate of probabilities in the hypothetical case are too small, rather than the reverse: they have nothing, however, to do with the amount of attention to be paid to injury of calvarium and its coverings, however slight or severe. Again, an individual suffers from osteo-necrosis more or less severe and intractable; his physician, who has observed similar sequences before, predicts ultimate death from morbus Brightii; and, should this actually take place, congratulates himself upon any theory he may

hold in regard to the connection of the two diseases, and also upon his prognosis. Now osteo-necrosis and morbus Brightii are certainly so common—at least they are by no means rare—that it is beyond a doubt within the range of possibility and probability, that in any given case, the one may be concomitant or sequent to the other without the slightest causative relation existing between them, the prognostication was therefore in error. If now the disease of bright was extremely rare—it is certainly far from that—and had frequently been observed to follow caries and necrosis, whilst the probabilities in the above case would be destroyed, the possibilities would not. And here again the prognostician would be in error, because in asserting the causal relation of the necrosis, he affirms that causes, which might be operative and efficient in others, could not be so in his patient, simply because of the necrosis, which would be sheer absurdity e. g., alcohol, than which no more potent factor in disease is more widely distributed: in Baltimore there is one rum-shop to every seventy-five beings irrespective of age or sex. The predilection of the Irish for whiskey is well known; the ratio of Bright's disease among them extremely high. Take an example not so complex: the iris; it is observed to contract and expand, and this action is explained by muscles, circular and radiating, under the influence of a controlling nerve. This is supposed to settle the matter; it is a hypothesis, bold but weak—it may be true or it may not. A certain number of observers testify to it as explanatory of certain physiological and clinical facts; but, as they differ among themselves, and there is no particular reason for believing one more than another, there is no reason for believing any, and therefore it is perfectly safe to believe none, looking for the explanation elsewhere or for additional facts. Concede, however, that they do agree, that they are all men of the highest authority, then, even in such a case, the declaration would still have to be considered upon its own intrinsic merits and not from their dictum. From erroneous and hasty deduction, come equally incorrect diagnosis and ideas of treatment. A man is attacked with a disease—no matter what—and from observation in certain number of apparently similar cases, the physician is led to use certain remedies in the hope of meeting with the same favorable results as in the preceding. Now admitting, for the sake of argument, that these remedies *were* efficient in those cases, how does he reach the application of the rule to the particular case? Suppose a Frenchman were expecting to meet an American friend, whom he had not yet seen, and that having already seen one hundred

Americans, he has been observant enough to notice that *all* had light hair and blue eyes. Would the color of his friend's eyes be influenced by that of the hundred? If the Frenchman were to guess, could he approximate within more than an even chance of the truth? But the physician would be in a worse fix than the Frenchman, for he could not be certain as to the natural history of the disorders; he could not say whether the vis medicatrix would or would not have been sufficient. Taking all the so-called non-organic diseases it is well known that a large proportion of them tend to spontaneous recovery, or are said to. Given any case in this class, by what process can an estimate of the value of remedies use be arrived at? If it could not be determined before hand that it would or would not terminate in death, how in case of recovery, is it possible to assert that this was the result of treatment and not spontaneous in itself. Mr. Lister has devised a certain antiseptic method, but it devolves upon the adherents of the plan, to show that cases terminating favorably under it would *not cæteris paribus* have ended equally as well without it. Than opium there is no drug whose sensible effects are better known, still there are numerous exceptions directly the result of its action or produced by adventitious conditions. Say there is but one exceptional case known; another may then occur, and though the chances that it will not so do, are as an indefinitely great number to unity, still the possibility will *always* be present: who can determine when? Certain effects of arsenic are equally patent. An individual has taken some doses; puffiness about the face appears, there is more or less œdema followed by anasarca, irritation in the alimentary canal, vomiting, serious influation of nervous system, convulsions, paralysis, death. Would it be safe to attribute this to the arsenic? no post-mortem having been made, for the reason that the taking of the drug and the sequence of symptoms were facts susceptible of clearest proof. Obviously it would not; and moreover it would be equally unsafe, had the post-mortem given the first evidence that the poison had been taken, to attribute death to it, *merely* from the fact of its presence: and for the reason assigned above, that it would grant immunity to the individual from other causes, simply because one *capable*, under certain circumstances, of producing the same effects happened to be present.

The above arguments are not intended to touch medical deductions, as subjects of inquiry in themselves, but only as they are results of certain species of reasoning, since it is perfectly evident that fact or reality, owing its truth to nothing but its own inherent char-

acter, is objectively considered, quite independent of all methods of reasoning, though it is only by a correct method that it can certainly be attained. Had Neptune never been discovered, or had Le Verrier inferred its existence and orbit merely *because* Saturn was discovered beyond Jupiter, the reality of its existence would still have been the same; and this, notwithstanding the fact that such a result under the second supposition, would be logically absurd, if not preposterous; neither could it be confirmed by acquiescence nor destroyed by negation. Nor are they for the purpose of destroying belief, but simply for that of creating doubt; since, as faith and belief are the elements of stagnation, so is doubt that of progress, and though this is strictly true, by that very fact is doubt the very essence of scientific conviction. It is obscure belief, founded upon illogical deduction, that causes so much disagreement among physicians; some of whom imagine they avoid the difficulty by adopting that thoroughly imaginary and ideal point which they call "the happy mean." It is the same which causes the *vulgus* to pass from "allopath" to homœopath, and from both to eclectic; not perceiving that but *one* alone can be true, and that this once admitted all others must be as utterly false as this is true. I propose, therefore, in this paper to enquire into certain theories of disease and their treatment; and to find out, if I can, how much of that superstition there is in medicine, which believes hydrophobia or "dog-days" as existing and possible only in summer; and which, from an obscure and misunderstood word, can create a nation of "beef-eaters."

## CORRESPONDENCE.

### A CAUSE OF AND TREATMENT FOR PSEUDO ANGINA PECTORIS.

*Messrs. Editors:*—Pardon my intrusion upon your valuable space, but since the crusade against phlebotomy is yet powerful, it behooves us to mention important cases in which this down-trodden but time-honored agent works its most salutary effects. I will not, in this connection, enter the conflicting ranks of Physiologists or Pathologists, each of whom have, by untiring experiment and contradictory result, proven and disproven the action of this agent, but make simple men-

tion of my case in point and let each inductive mind to its own conclusion.

On the morning of May the 8th, was hurriedly called to the bedside of a patient whose history was—having been taken down suddenly in perfect health, with the grave symptoms his case presented. The patient was a laborer aged thirty-five years, previous health excellent till the moment of attack. With others, he had been engaged in working at lime, and had withstood the irritating effect of its unavoidable inhalation, without any untoward symptoms. About an hour after the ingestion of an abundant meal he was seized, while at work, with a violent attack, which from his own description, simulated the passage of an electric current pervading his every part.

Respiration was most entirely suspended, and the circulatory system labored, as it were, against all the opposing elements of a formidable foe. Upon reaching the patient, I found him cyanosed, suffering the agonies of an intense, burning, paroxysmal pain, following chiefly the distribution of the pneumogastric nerves, respiration most entirely abdominal, circulation slow, full and labored, and the cerebral vessels turgid from an inefficient æration, due to the almost entire suspension of the respiratory function.

Unable to obtain at the time, a history of the subjective symptoms, after a physical examination I was enabled to exclude any pulmonary inflammatory disease, and diagnose my case as one of pseudo angina or the cardiac epilepsy of Trousseau.

Appreciating the liability to fatal apnœa the patient was immediately put upon anodyne-opiate courses in full doses and revulsives of hot mustard pediluvia to the extremities and friction with counteriritants to the chest. The course was patiently persevered in, for four successive hours, and the pulvis ipecacuanhæ compositæ repeated in ten grain doses every hour; at the end of which time the symptoms had not mitigated in the least, and the invasion of asphyxia was rapidly threatening the patient. Having satisfied myself that the case was not, as usual, of cardiac complication, I felt justified, in the failure of modern treatment, to resort to the lancet.

At the end of eight hours, symptoms not improved, paroxysms almost continuous, cyanosis increased, opiate already quadrupled, a consulting physician was called, and phlebotomy determined upon. No sooner was the lancet let to its much reprobated and responsible duty than the morning of life again brightened to the patient.

With every ounce of the vital fluid extracted, pari passu, disap-

peared an element of spasm, a degree of congestion, and at the withdrawal of about a litre of blood, from a state of dyspnœa and anguish that fairly baffled description, the patient had emerged to a state of ease, consciousness and calm. So visible here was the good of *Mr. Watdon's* old remedy that, like the return of day from the gloom of night, would not be a dishonest comparison. At this juncture of treatment an opiate was administered, and a period of refreshing sleep secured.

Visited the patient again on the morning of May the 9th, to witness a partial return of the angina, but, in the scapular distribution of the cervical plexus, and the branches of the brachial distributed to the forearm. The anodyne and antispasmodic effects of opium were again fairly tested, but again the lancet alone brought permanent relief. The case was then put upon iron and quinine, and after a fortnight, could resume his usual occupation.

It is not my object in this mention to laud phlebotomy above every course of treatment, amyl or the ethers may have acted equally well, but to assist, by my experience with the lancet in three similar cases, in erasing the oblivion which the advance of professional impulse has crowded over it. Besides the success of the *old course* of treatment in this interesting malady, there is another point, an element of *causation*, to which I would invite your attention.

It is insisted, in most treatises upon this disease, that it is superinduced by preëxisting cardiac disorder.

I am loath to dissent from what has been consecrated by time, but would simply state from a recent experience of two cases in neither of *them* were any lesions discoverable upon the most accurate examination nor by the history of the cases. For the one no cause could be attributed, to the other *inhalation of particles of lime*. In one the opiate course was relied on, and death closed the scene; in the other—the lancet was the curative boon.

Since no mention has, as yet, been made of the inhalation of particles of quick-lime, as a cause of this terrible disorder, and in the case mentioned no other causative circumstance or condition could be discovered, I deem it important that the subject should be brought to the notice of the profession and at the same time the use of the lancet, in this disease, not forgotten.

Yours most respectfully,

W. Boteler, M. D.,
Middletown, Md.

# THE TREATMENT OF POTT'S DISEASE AND LATERAL CURVATURE BY A REMOVABLE PAPER-JACKET.

A DEMONSTRATION AT THE NEW YORK COUNTY MEDICAL SOCIETY JUNE 23D, 1879.

*Editors of Maryland Medical Journal.*

*Sirs:*—The last meeting of the season was so full of interest that a brief report of the same, I feel quite sure, will be of some value to your readers. On this occasion the reader of the paper for the evening was Dr. A. Morgan Vance, an interne at the hospital for the ruptured and crippled. A very good audience of attentive listeners lent additional interest to the exercises. The President, Dr. Freeman J. Bumstead, was not out, but the chair was very gracefully filled by the Vice-President, Dr. A. E. M. Purdy.

Dr. Vance's paper consisted of a report of four cases, given in full, illustrative of the merits of the jacket he was about to describe. The first case was one of Pott's, in the lumbar region, and occurred as did two of the others, in the practice of Dr. D. W. Yandell, of Louisville. The chief feature in the narrative of this case was the history of the jacket. It dated from the summer of 1877, at which time Dr. Vance was a student in the office of Dr. Y., and was doing a large part of the plaster work in his practice. The solid plaster of Paris jacket was then in extensive use, and was thought, by many enthusiasts over the country, to be the *sine qua non* in the treatment of spinal affections. There were a few observers whose minds were not so utterly obscured by prejudice as to prevent them from seeing an excoriation, an eczema or an ulcer, whenever a plaster jacket was removed, and from recognizing certain disadvantages in the way of filth, crumbling of the plaster, heat and lack of support after the first few days. Dr. Yandell had expressed the want for some dressing that he could remove whenever he wished to inspect the parts, and Dr. Vance, being of a mechanical turn, soon devised a paper brace made over an ordinary plaster of Paris jacket. Of course this was very imperfect at first, yet it was susceptible to improvement, and the profession is indebted to Dr. V., for the present state of perfection to which he has brought it. Egg and flour paste was employed at first, but subsequently a formula for glue was furnished by a druggist who had found it in some old journal.

To this was added oxide of zinc, and after a little experimentation the proportions were ascertained.

In the spring of the present year the Doctor stretched a rubber band across the cavity of the jacket, thus securing a continuous pressure over the bulging portion of the thorax in lateral curvature. This, as exhibited, seemed to be an excellent contrivance for the treatment of this deformity. A plate showing the jacket thus prepared can be seen in the *Medical Record* for June 21st.

The cases being reported the Doctor proceeded with his demonstration. He first suspends the patient by the axillæ and the head by means of a swing, differing from the one employed by Dr. Sayre, in the insertion of a piece of rubber between the portion which grasps the chin and occiput, and the middle of the beam. This regulates the pressure to a nicety and does away with the danger of any sudden strain on the cervical spine. The suspension is not made with a view to produce extension, in the popular sense of the term, but to place the body in the best possible position for the jacket. Indeed, for caries of the spine, the swing can be dispensed with altogether, and the patient be held erect by the arms, or extended in the prone position between two tables or two chairs. A light plaster of Paris bandage is then applied, either directly over a flannel shirt or over a roller bandage first applied over the shirt. A handful of alum is put in the plaster with which the bandages are saturated, and this favors speedy hardening; so that by the time the plaster jacket is thus applied, it is hard enough to remove by making a vertical incision down the front and springing it off. Around this a string or two is secured, and he has no difficulty in getting an accurate cast of the body from this mould. Place this on a table, and with plaster, about the consistency of mush, paste up the seam in front and around the base, thus cementing it to the table. Into this now place bricks or old bottles or any such thing, so as to economize with the plaster, which, when mixed, is to be poured in, filling up all the inter-spaces. After waiting a little while to harden, tear off the outer covering or mould and the cast remains. If the kyphos or hump be larger and need to be protected, this can have an extra layer of plaster around its base on the cast; or if it be a case of lateral curvature, then the concave side can be built out even, for reasons further to be stated. The whole now is dressed up and well greased. Around this an ordinary muslin roller is snugly drawn, and over this a piece of canton flannel nap side out. The Dr. was careful to go into these details because much experience had made

them necessary. The flannel is stitched so as to hold it securely, and this serves as the inner lining of the brace to be constructed.

Strips now of manilla paper, or, if this be not convenient, ordinary wrapping paper cut about one and a half inches wide and long enough to go half way round the cast and lap over an inch or so are prepared, as also fifteen or twenty steel springs two inches shorter than the cast in height, the pot of glue, one or two long rollers, and a spool of heavy flax thread. The steel springs are such as are used in the old hoop skirts, and are very small as well as very strong. The glue is made by dissolving one part of fine white glue in six parts of hot water, then stirring in two parts of finely pulverized oxide of zinc. With an ordinary shaving brush the glue is spread first over one side of the cast, then over a strip of the paper which is immediately applied to the cast, beginning at the bottom, or rather at the top, as the cast is inverted for the purpose of securing a better fit over the pelvis. Then another strip is applied, having first been covered on one side with the glue in the same manner, overlapping the first one-half; and so on to the top. Then the other side of the cast is treated in like manner with glue and strips of paper. The whole makes a many-tail bandage. The steel springs are now applied vertically, a coating of glue being first well spread over the paper thus adherent. Every spring is held in place by a few turns of the flax thread already mentioned, and they are so placed as to be about two inches apart, or sometimes to ensure greater strength two are placed together. Vertical strips of the paper are now employed, placed so as to overlap one another half way, as did the horizontal ones. These are held more securely, and fitted into inequalities by a turn or two of the thread. This layer is glued over as the first, and then a roller is very tightly drawn over the whole, beginning at the bottom. This done a final coating of glue is applied, and the cast with jacket set aside to dry. If it can be placed in the sun, it will be dry enough to remove within six hours, otherwise it may take twenty-four. The removal from the cast is accomplished by cutting through the paper in front from top to bottom, and springing it off. The elasticity and strength of the jacket is something astonishing.

The dressing it up is done according to one's taste, and the expense desired. Dr. Vance first cuts holes three or four between the springs, varying from a half inch to an inch in diameter, then lines the jacket with canton flannel or linen stitching or pasting this over the edges which he has previously trimmed with an ordinary jack knife. A

strip of leather, or webbing with eylet holes, is attached by means of thread on either side of the opening down the front about a half inch from the edge. A tongue of chamois or cloth can be inserted on the inside, the top and bottom covered with the same material, and the brace is complete. An ordinary shoe string or corset lacing is employed for fastening it on the body, and this is laced so as to get a lock-stitch each time.

A brace with a head spring inserted was exhibited, and one with a piece of rubber band for lateral curvature was also exhibited.

In treating lateral curvature the concavity on the cast as before-mentioned is filled in with plaster, and there is thus left a space between the side of the body and the wall of the jacket, into which the body can be forced by the elastic band stretching over the projecting side. In closing his demonstration, he offered the following remarks taken from a paper in the *Medical Record* of the 21st of June :

"The chief points which recommend this brace to general use are the following:

"I. All the advantages claimed for the plaster are secured without the objectionable features of

"1. *Weight and Bulk.*—The paper brace weighs from eight to sixteen ounces, the plaster jacket from three to six pounds.

The plaster is from one-quarter to three-quarters of an inch thick; the paper rarely more than one-eighth of an inch, besides being an accurate model of the body. A dress can be fitted over it as smoothly as over an ordinary corset; a great advantage in the eyes of the mother; however much a doctor might ignore it.

"2. *Imperviousness.*—Without stopping to discuss the question whether the plaster absorbs the bodily moisture or allows it to pass through, it is certainly greatly inadequate to the needs of the body. The paper brace as first made without perforation was open to the same criticism. As now made ventilation can be secured without loss of strength.

"3. *Friability.*—A plaster-jacket will ordinarily last only four to six weeks before it begins to crumble, and is no longer efficient as a support. A well-made paper brace will last six months. In two instances patients of mine wore braces eight months, when they were removed, because the patients were well, the braces being still in good condition.

"4. *The difficulty of securing a perfect fit.*—It is next to impossible to prevent irregularities on the inner surface of the plaster, because it

is applied to the soft parts which are yielding. Two or three removals and re-applications are often necessary before one which the patient can wear is obtained. The paper jacket is made over a model which is at the same time firm and smooth, its inner surface consequently must be perfect. The same cast can be used repeatedly until the patient out grows the brace.

"5. *Difficulty of constructing a plaster jacket which can be removed and re-applied at will.*—The paper brace can be taken off and adjusted as easily as a steel support. So that it is hardly possible for excoriation or abscesses to form without the surgeon's knowledge. Yet when it is applied and laced it secures as perfect fixation, and rest for the parts as is obtained by the plaster. It also admits perfect, cleanliness, the impossibility of which in the plaster is perhaps the strongest objection to its use.

"II. The value of the brace lies in its adaptability to the needs of the general practitioner in any part of the country. All the materials required are readily obtained; these are, plaster of Paris, materials for the glue, paper, steel springs, bandages and canton flannel. The brace complete, can be made and well furnished for one dollar and twenty five cents ($1.25), or even less, the expense depending entirely on the amount of finish. With a little experience, the whole brace, excepting the time required for drying, can be made in an hour and a half.

"III. The paper brace is believed to meet the indications in lateral curvature by a dressing more simple and efficient than any yet proposed."

Dr. Frank H. Hamilton in opening the discussion remarked that he believed the brace to be a very excellent one, inasmuch as it does away with some of the greatest disadvantages of the plaster, and made a good substitute. A removable brace he regarded as chiefly valuable in allowing the surgeon to inspect the parts, and thus avoid not only excoriations, but muscular atrophy from pressure. After dwelling on the features which made plaster of Paris and steel supports objectionable, he stated that he regarded the old wood corset, if properly made and applied, as superior to anything we had, though he was not prepared to unqualifiedly commend the corset on account of it permitting too much motion. The paper brace was not open to that objection, but was open to the objection of time and labor in construction. He wished to see it tried, however, before commending it too highly.

Dr. Lewis A. Sayre thought it a great improvement over the steel braces, yet could not see any advantages it had over the plaster jacket, unless it be in lightness. He did not believe in a removable brace at all, although he had made the plaster jacket removable by cutting down in the same way as Dr. Vance had cut the paper brace.

He denied the existence of excoriations, eczemas and ulcerations when the plaster of Paris was properly applied. It must fit skin tight, must be moulded into the intercostal spaces, and irregularities of the body thus arresting all motion of the chest walls, and respiration must be secured by means of the diaphragm.

In such a manner did his jackets fit, and he had never seen any of the excoriations to which reference had been made. He preferred the plaster on account of its cheapness and simplicity.

Dr. Post believed that the plaster was subject to much abuse, and thought that when Dr. Sayre could apply the bandage, there need be no excoriation.

Dr. Jno. A. Wyeth bore testimony to the fact that the solid plaster jacket did excoriate and was glad to encourage any removable apparatus that fulfilled the indications. He believed that his double plaster jacket was best adapted for treating the disease when it involved the vertebræ between the eleventh dorsal and last lumbar.

After quizzing Dr. Sayre as to whether extension was really gained by the suspending process or not, and getting no satisfactory answer on this subject he yields the floor.

Dr. V. P. Gibney made a few remarks in approval of the Vance brace, and thought that from a little experience he had had in treating patients during the hot weather, the large perforations were a decided advantage. He bore additional testimony to the danger of plaster excoriating and strengthened his remarks by a reference to cases whereon the plaster jackets had been applied by men whose fitness for the work Dr. Sayre could not call in question, and in these very cases excoriations and ulcers at times were found. He further remarked that excoriations occurred under all braces, steel as well as plaster, among a certain class of dispensary patients—patients whose parents or guardians persisted in neglecting all directions given by the doctor. Such cases he thought it unfair to bring up as evidence against any form of apparatus that had been abused.

He was absolutely incredulous concerning the statement Dr. Sayre had just made; viz: that he fitted the plaster of Paris so closely that the intercostal spaces were filled with this material, and referred to the

fact well known to all surgeons of any experience with the plaster, that no matter how tightly the bandage was applied, the soft parts soon retracted from the plaster, and one's hand could frequently be inserted between it and the body or limb. Even if the bandage were applied as tightly as Dr. Sayre claimed, atrophy must of necessity take place, and consequent loss of power. He referred to a case now under treatment in this city. The plaster had been worn for nearly five years, and the moment it was removed from the body, there was no power in the muscles, and the child fell to the floor.

Dr. Vance in closing the discussion alluded to the dinner pad so recommended by Dr. Sayre, and failed to see how the intercostal spaces could be filled if this pad were used, especially would it be impracticable if the patient be at all fleshy.

Drs. Sayre, Hamilton and Wyeth indulged in a few remarks further, and the meeting adjourned.

* * *

New York, June 23d, 1879.

## CLINICAL REPORTS.

### ARSENIC IN CANCER—WITH A CASE.

BY GEO. JOHNSON, M. D., FREDERICK, MD.

In the treatment of no disease to which the human race is liable, has medical art been more thoroughly baffled than in that of cancer. At this day, after centuries of recorded study and effort, its therapeusis remains chiefly palliative, removal when practicable, by knife or caustic, offering the only hope of cure, and then claiming it only as a rare exception. Although excision has apparently been more generally practiced by the profession, both methods have been resorted to, for a century at least, by thoroughly competent operators and observers, with sufficient frequency, one would think, to enable a just estimate to be placed upon their value. Let us see what it is,—* In an exhaustive report on the result of surgical operations in malignant diseases,

* Transactions American Medical Association, Vol. VI. pp. 309-310.

made to the American Medical Association, in 1853, by Dr. S. D. Gross, then of Louisville, now of Philadelphia, the distinguished professor, in summing up his researches, uses the following language, "From the facts and statements which have now been presented, embracing the opinion of many of the most intelligent, experienced and distinguished practitioners, in different ages and in different parts of the world, the following conclusions may be legitimately deduced:

*First*, That cancerous affections, particularly those of the mammary glands, have always, with a few rare exceptions, been regarded by practitioners as incurable by the knife and escharotics. This opinion, commencing with Hippocrates, the father of medicine, has prevailed from the earliest records of the profession to the present moment. Nature never cures a case of this kind; nor can this be effected by any medicine or internal remedies known to the profession. *Second*, That excision, however early and thoroughly executed, is nearly always in genuine cancer followed by a relapse, at a period varying from a few weeks to several months from the time of the operation." We infer from Dr. Gross' later writings, that these disheartening conclusions have only been confirmed by subsequent observations. And until quite recently, they may be received as the deliberate judgment of the medical profession; the tests of time and improved diagnosis only rendering the exceptional apparent cures more rare.

With this opinion, so far as removal by the knife is concerned, the popular impression coincides, but from the earliest accounts of the disease, we find the faith of the laity pinned to the efficacy of removal by various corroding agents, many of which, especially those held in highest popular esteem, though of secret composition, have been found to depend for their activity upon the presence of arsenic. Plunket's caustic, Febure's cancer remedy, and Guy's powders, were all of this class. Nor were the results obtained entirely ignored by the profession. Thus we find "M. Manec, Surgeon to the Salpetrière, investigated the action of Frère Côme's Arsenical paste in more than 150 cases of cancer, in some of which he obtained unhoped for results," * and with favorable conclusions generally. Dr. Benj. Rush too, of our own country, a century ago, gave to his confreres a report upon the effects and composition of Martin's powders for the cures of cancer, (Read in the American Philosophical Society, at Philadelphia, February 3, 1786), in which he speaks from personal observation. "In

* Braithwaite's Retrospect. Part xxvii., p. 41.

several cancerous ulcers the cures performed were complete, though it was often unsuccessful," and says he ascertained by analysis, that the active ingredient was arsenic. In the report Dr. Rush uses the following language, seeming almost prophetic in his suggestion of what has recently been advocated now nearly a century later: "To pronounce a disease incurable is often to render it so. The intermittent fever, if left to itself, would probably prove frequently, and perhaps more speedily fatal than cancers. And as cancerous tumors and sores are often neglected, or treated improperly by injudicious people, from an apprehension that they are incurable, (to which the frequent advice of physicians to let them alone has, no doubt, contributed), perhaps the introduction of arsenic into regular practice, as a remedy for cancers, may invite to a more early application to physicians, and thereby prevent the deplorable cases that have been mentioned, which are often rendered so by delay or unskilful management."

Although used by empirics so extensively, and often with such unchallenged results, the profession seemed to ignore the superior merits of arsenic in cancer, preferring, apparently, caustics acting more speedily. To the Marsdens, father and son, of London Cancer Hospital, must be accorded the credit of rescuing the remedy from the hands of charlatans and, first, distinctly formulating a plan of its application, giving results, and guarded by cautions derived from large experience extending over a period of seventeen years. From an analysis of 10,759 recorded cases of cancer of all kinds, treated in their institution, Dr. Marsden states, that about twenty-five per cent. are of the epithelial variety, nine out of ten of which are perfectly curable by arsenic, while many cases of scirrhus and medullary cancer are also amenable to it, particularly at an early stage.* His work was first published in 1868 and, in a note to a second edition, in 1873, he states that "further experience has strengthened his faith in the value of the application recommended, and many other surgeons who have tried it, express the same opinion, and have been equally successful."

More recently, Professor Esmarch asserts his opinion, that in cases of advanced cancer, arsenic is a very efficient agent, and may be used with the best effects, *internally* as well as externally. He recommends also, its exhibition, in order to prevent relapse after removal of can-

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* "A new and successful mode of treating certain forms of cancer."

cerous growth, and states the necessity, in desperate cases, of administering it in rapidly increased and finally heroic doses. †

These opinions, from gentlemen so thoroughly qualified to correctly appreciate the facts observed, would seem to merit, at least, the consideration of the profession, and, as a means of attracting the attention of my medical brethren to the matter, I beg leave to report the following case, treated after Marsden's method:

CASE.—E.—H.—Æt. 67 years—consulted me January 18, 1878, for treatment of cancer of lower lip. The disease commenced, in December 1876, as a small herpetic blister, afterwards hardening into a wart, which was removed by his family physician by means of a thread and the base afterwards touched with argent. nit. In a short time it returned, and pursued an onward course since, but little modified by any of the numerous means resorted to by the empirical cancer curers, to whom he applied for relief. Considerable destruction of tissue had, at different times, been effected, but the cancer had always sprouted up with increased energy, and its appearance, when first seen by me, was that of ulcerated epithelioma, involving two-thirds of the lower lip, and extending from the angle of the mouth, three-quarter inch within the right cheek. The induration extended also quite through the lip to the junction with the gums. The patient's general health was evidently failing rapidly, under his sufferings, and having tried empiricism, ad nauseam, he begged for an attempt at relief, even when told it would be attended with considerable risk, and but slight hope of success. Excessive salivary secretion was constantly pouring over the diseased lip, and would, I felt, materially increase the danger of the arsenical application, (while the only hope of getting rid of the disease within the mouth, seemed to be by successive applications, working from below upward, and from angle of jaw inward). With the expectation of reducing the amount of saliva, a tablespoonful of saturated solution of chlorate of potash was prescribed, ter in die, (with but little effect, however,) and the constipation existing, having been relieved by podophyllin and soda, I made the first application of arsenical mucilage on February 1st, strictly following Marsden's directions, in this and throughout the subsequent treatment. To antidote possible poisoning, in case the saliva, impregnated with the arsenious acid, should be accidentally swallowed, f. ℥ 1 of Wyeth's Solution of Dialysed Iron was given immediately before making this,

† American Journal of Medical Science, vol. lxxvi, p. 560, Medical Recor p. 474.

and each subsequent application, and f. ʒ i, ordered several times daily, until slough came away, patient to lie down on his side, and to be fed exclusively, during that period, with milk and other liquid nutriments, by means of the ordinary porcelain feeding cup. The application made, covered nearly a square inch of the diseased surface, being about one-third of extent of disease. *Feb. 2d*,—Patient suffering, but not nearly so much as from other caustics previously used. Ordered laudanum gtt. xx, bread and milk poultice. *Feb. 3d*,—Slept some last night—face swollen, hot, and painful, severe constitutional depression, milk punch ordered—laudanum to be repeated in the same dose at night, and, with two hours interval, whenever required by excessive pain—continue poultice. *Feb. 4th*,—Line of demarkation formed, and slough separating, less pain, strength improving, sitting up. *Feb. 12th*, —Slough entirely separated, having removed about half inch in depth of the part to which the paste was applied. Repeated application to the same place. *Feb. 19th*,—Patient's progress as after first application. Removed with scissors, the greater part of the dead slough. Lot: Nigr: and Ung: Zinci: Ox: to be applied to the raw surface. *Feb. 24th*,—Slough entirely separated, cutting away all the disease apparently at point of application. Applied Ars. Mucilage to one angle of mouth, continuing Ung: Zinci: Ox: and Lot: Nigr: to raw surface, left by preceding applications. *March 6th*,—Deep slough gone from angle of mouth, but cancer rapidly sprouting up at point of first application. Reapplied paste to that point after treatment as before. *March 12th*,—Applied paste to left half of lip. *March 16th*, —Applied paste to point first attacked, growth evidently sprouting up there again. *March 23d*,—Applied paste on left side of lip. *April 8th*,—Patient showing a good deal of constitutional depression from the frequency of the application, and the cancer no longer exhibiting the same rapidity of growth, a fresh attack with arsenic paste has been deferred until now. His general condition having considerably improved made the application freely, with usual results. Successive applications were made on the 18th and 30th, May 10th, 26th, June 9th, 21st, July 6th, August 5th and 17th. *Aug. 30th*,—Malignancy appears to have ceased, the points to which the paste was applied having entirely healed. The growth inside of right cheek alone remaining, and it, less indurated, having the character rather of a mucous wart. *Sept. 24th*,—Applied ac. nitric to the diseased surface inside of the cheek, and repeated it on the 27th and 30th, Oct. 3d and 11th. Under these the growth disappeared without return. *Dec. 6th*,—

Patient called at office. Cancer apparently entirely removed. Small hard wart on left side of lip. Touched with ac. nitric, it dropped off in a few days; reproduced in a fortnight, and again touched with ac. nitric. No return afterward, and patient apparently cured.

*March 15th*, 1879, patient presented himself at office. No return of disease on lip or cheek—general health good—florid, fat and strong. Inferior maxilla, on the left side, has a hard swelling on the under surface, in shape and size of half a pullet's egg. An indurated gland also exists under the chin. Patient says he has had continuously a scalded burning sensation in the mouth, particularly on the left side; ordered Fowler's Solution, two drops after each meal, dose to be increased by one drop every third day, unless intolerant of the remedy. *March 29th*,—Maxillary and submental swellings slightly diminished. Prolonged exposure to dampness, while at work in garden, had excited general neuralgic pain. Ordered ext. conii gr. ij each night. Fowler's Solution continued. *April 16th*,—Tumor on inferior maxilla enlarging—nauseated by Fowler's Solution 10 gtt. ter in die, dose reduced temporarily, and again increased gradually to gtt. xvi., but without benefit, the disease steadily advancing, and finally ulcerating, without, however, any reappearance at the original site. Patient declining further attempt at radical cure, subsequent treatment will be confined to palliatives.

The case, of course, is unsuccessful, so far as the ultimate result is concerned. The glandular and osseous affections, now existing, being certainly carcinomatous in charcter, the course of the disease being apparently unmodified by the internal exhibition of the arsenic.

It is believed, however, that careful observation of the case, during the course of treatment, as detailed, warrants the conclusion that the malignancy of the disease, so far as evidenced by induration, rapidity of reproduction, and constitutional cachexia, was modified in direct proportion as the system seemed to be impressed by the arsenic, and finally ceased altogether for the time; offering, at least, a hope that had the treatment been instituted earlier, the result might have been more fortunate. As it is, life was prolonged for a year at least, and the disease transferred to a locality less annoying and less rapidly fatal.

## ON TWO CASES OF FRACTURE OF THE PELVIS.

BY OSCAR J. COSKERY, M. D., PROFESSOR OF SURGERY, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE, MD.

CASE 1. James Thornton, colored, aged 20, a laborer, was admitted into the City Hospital on Oct. 13th, having been struck over the lower portion of the back by the bumper of an engine, half an hour before. Upon examination it was found that the left lower extremity was helpless, there was a distinct deformity of that side of the pelvis, and, upon raising the left leg and thigh, crepitus was plain. A diagnosis of fracture of left ilium near sacrum was made.

Oct. 14th. Urine was obliged to be drawn off nearly every half hour, and was phosphatic. A bandage was applied around pelvis and rest ordered.

Oct. 18th. Catheter has been steadily used since accident (patient having no control over bladder), and the bladder was washed out with carbolized water (1 to 50). The temperature and pulse have been about normal.

The following table will show the average temperature and pulse for next 10 days:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| October | 20th, | Temperature | 101°, | Pulse | 140, | Respiration | 28. |
| " | 21st, | " | 98°, | " | 94, | " | 24. |
| " | 22nd, | " | 101°, | " | 120, | " | 24. |
| " | 23rd, | " | 99.2°, | " | 112, | " | 22. |
| " | 28th, | " | 99°, | " | 100, | " | 20. |
| " | 30th, | " | 98.8°, | " | 90, | " | 18. |

The boy emaciated greatly, sometimes refusing his food entirely, but was generally cheerful, and anxiously expecting to get well.

Nov. 7th. General condition same as at last note, but patient is very weak and he complains of pain over sacrum,

Nov. 10th. A bed sore has appeared over right side of sacrum, and has enlarged rapidly, laying bare this bone and the right ilium, and the patient has a troublesome cough. He is weak and emaciated although taking as much cod liver oil as his stomach would bear.

Patient improved, however, and on Nov. 29th, a Physic's splint was applied upon left side. Upon turning him over to show bed-sore to the class a longitudinal fracture of the right ilium was for the first time discovered.

Dec. 8th. Patient improving.

" 22nd. " on crutches.

Jan. 14th, 1879. Patient walking without even a stick, and rapidly getting well, but with deformity upon right side.

Jan. 30th, 1879. Walking well, and sent to Bay View.

CASE No. 2.—Peter M., aged 49, a German tailor, was knocked down and run over by a heavy team on Dec. 13, 1878, about 10 P. M. Was examined by three physicians and pronounced to be dead-drunk. Was taken to station-house at about 5 A. M., on the 14th December. Was brought to the city hospital by the police, because he said he could not pass his water. A cathartic was introduced by the house-surgeon, and about two ounces of pure blood, and no urine, withdrawn.

On putting him to bed, a large bruise and abrasion was found over the outer side of the middle third of left femur, and distinct movement, and crepitus felt over left ilium near the crest. The patient was more comfortable when he lay upon either side than when upon his back, and he kept his knees constantly flexed. The desire to micturate is constant, but beyond that the patient expresses himself as quite comfortable, except when touched over lower portion of abdomen. There was some pain and swelling in inner side of left thigh, close to perineum, but there is no hardness or swelling of the perineum proper. The catheter again was introduced with very little difficulty, at my visit, (8 A. M.), and only a few drops of fluid, not blood-stained, and supposed to be urine, were withdrawn. The patient was very thirsty, and evidently rallying from shock. 6 P. M., no urine has been passed naturally, and on again introducing catheter, about one ounce of bloody fluid was withdrawn, urinous in odor. He complains of pain upon the slightest pressure being made over the right iliac region. Prefers to lie upon the back, slightly turned towards left side, pulse 130, hard and small, respiration 20, still complains of pain in left thigh and over sacrum. The catheter was tied in, but on account of the great irritation, (efforts at urination), and as nothing escaped through the free extremity, it was withdrawn at the expiration of three hours.

Dec. 15th, 10 A. M. Has slept tolerably well, and taken a light breakfast with some appetite. The catheter, introduced with the greatest ease, again drew off about one ounce of bloody fluid, and patient says he would be all right if he could only make water. Abdomen is swollen and tender. Neither the finger in the rectum, nor palpation over the hypogastrium, could detect any tumor. A

line of ecchymosis, an inch and three-quarters in breadth, extended from over the left ilium downwards and forwards as far as the horizontal ramus of right pubis, and at the latter point the bone was thought to be irregular. When the patient is perfectly quiet he does not seem to suffer much. His pulse is 130 and weak, he is vomiting constantly, and he has hiccough. He has been taking opium steadily ever since the injury.

6 P. M. Vomiting has been so constant to-day that hypodermic injection of morphia ($\frac{1}{6}$ gr ,) instead of by the mouth produced a good effect. The inner side of the left thigh is now quite œdematous, but the perineum is not. All to day the respirations have been sighing, and at short intervals the patient screams out with pain, which he refers to the inner and upper portion of the left thigh, and to the neighborhood of the sacrum—says he feels better, but his pulse can scarcely be felt, and counts 120; respirations 21; temperature 102°; abdomen very tense; no borborygmi. He has passed a few drops of fluid, not bloody, from his penis in his frequent efforts at expelling urine.

Dec. 16th, 10 A. M. Ecchymosis and swelling of penis and scrotum. Patient has slept some, and does not seem to have so much pain in back or thigh. Belly more swollen, but not very sensitive, and the vomiting is not so persistent. Nothing has come through penis since last note, and two ounces of bloody fluid, slightly ammoniacal in odor, was withdrawn through catheter. Pulse 120; respiration 21; temperature 100°.

6 P. M. The only change noted is that the patient dozes off every few minutes, and is evidently not clear in his mind. General condition about same as in morning. A consultation to-day decided to do nothing.

Dec. 17th, 9 A. M. Patient did not sleep well last night, and is now decidedly queer in his mind; sweating profusely. Singultus and vomiting constant—sclerotics yellow—hands and feet blue and cold. Respirations 28, sighing and irregular. Pulse, taken over the heart, 128; temperature in mouth, 100°. Two ounces of very ammoniacal and bloody fluid drawn off through catheter. Belly greatly swollen.

6 P. M. Has been vomiting persistently, but hiccough seems to have been partly controlled by compound spirit of ether every hour At 5 P. M. an attack of acute pain required a hypodermic injection of $\frac{1}{6}$ gr. morphia. Radial pulse can now be counted, 130. Vomiting of bilious matter, and patient has not attempted to take anything but ice all day

Two ounces of very ammoniacal bloody fluid withdrawn by catheter.

10 P. M. Radial pulse 130; patient very restless and delirious. Twitching of muscles of face, and constant thrusting out of tongue. Again complaining of pain for which another hypodermic injection was given.

12 Midnight, sleeping quietly, but can easily be aroused. Respiration 26; pulse at wrist 130; countenance flushed and anxious; sweating profusely.

Died quietly, and somewhat suddenly, at 3 A. M., Dec. 18, 1878. In spite of every effort no post-mortem was allowed, and, although on this account, I know the case is incomplete, still, there are some points of clinical interest that I think can be intelligibly discussed. First, I would state that the fracture of the left ilium (transverse) was easily made out; that of the right pubis, suspected, the original diagnosis was fracture of the pelvis with rupture of the bladder. The rupture was disputed in the consultation, the fracture agreed with. My reasons for suspecting rupture of the bladder were these: The line of ecchymosis mentioned above started from over the fractured hip-bone, ran directly across the hypogastrium, and ended over the spot where the pubis was thought to present an irregularity. Secondly, The man had emptied his bladder, he thought, about one hour and a half before the accident, but he had been drinking beer, and continued to do so to such an extent, as to be blind-drunk at the time of receiving the injury, even if his statement was correct, which I doubted. Thirdly, Though the man, up to his death, was almost constantly trying to void urine, with the one slight exception mentioned in P. M., note of Dec. 15th, not one drop escaped that way; and this exception was doubtful. Fourthly, The fact that only blood, or bloody fluid, towards the last of the case, distinctly ammoniacal, was gotten through the catheter. (I should state here that the ease with which the catheter was introduced each time left, no doubt, upon my mind, that the instrument entered the bladder—doubted by one of the consultants.) Fifthly, The cause of death, and the symptoms during life, pointed distinctly to peritonitis. Sixthly, The seat of the most severe pain, which was at the point where the bag must have burst, had it been produced as I believe it was.

Another interesting clinical fact, I think, is the length of time the man lived—one hundred and one hours. Another point is, the amount of fluid than ran through the catheter altogether during that time—less that twelve ounces, and of that, certainly one-half blood.

# RECENT DERMATOLOGICAL LITERATURE.

BY I. EDMONDSON ATKINSON, M. D., CLINICAL PROFESSOR OF DERMATOLOGY, UNIVERSITY OF MARYLAND.

THE DIAGNOSIS BETWEEN CONTUSIONS, THE BLOOD EXTRAVASATIONS OF SCURVY-LIKE DISEASES AND ERYTHEMA NODOSUM.—Dr. Scheby-Buch (*Vierteljahr. fur Dermatol. and Syphilis. 1 Heft, 1879, p. 89*), has interested himself in this obscure field, and his conclusions are valuable both in their clinical and medico-legal aspects. He recognizes as "scurvy-like affections," purpura simplex, with and without joint complications, purpura hemorrhagica and scurvy. He has found all the points of difference, described in handbooks, untrustworthy, and asserts that no absolutely certain data for differential diagnosis exist. In obscure cases the diagnosis can only be reached after all the circumstances of the local and general appearances have been considered. Even then failure is sometimes inevitable, since the same individual may have bruises from violence and suffer at the same time from one of these pupuric affections. The symptomatic blood effusions may vary in extent from the smallest petechiæ, like flea-bites, to the large flat ecchymoses and elevated sugillations; and while usually encountered upon the lower extremities, may appear upon any portion of the surface. Although extravasations from violence appear more commonly upon the most exposed situations, symptomatic hemorrhage may occur in the same places; consequently, we can derive no positive information from mere surface location.

The often-quoted statement, that contusions are softer at their centers and harder at their borders, can by no means, be accepted as an absolute point of difference. In the first place, this is not always the case, especially where the bone closely underlies the skin; and secondly, spontaneous extravasations, when beginning to be re-absorbed often show identical conditions. The most important difference lies in the condition of the skin over the lesion; whether there is an abrasion or wound; though even here one cannot always decide, since many blunt and elastic substances (dust, etc.), may cause contusions without breaking the skin, while it is quite possible for abrasions and

even ulcers to appear over symptomatic effusions. When, however, small petechiæ, like flea-bites, co-exist with elevated extravasations of blood, in an individual otherwise sound, purpura simplex may be diagnosticated. Where bleedings from mucous surfaces, etc.; are present, the diagnosis usually presents no difficulties. Purpura hemorrhagica and pronounced scurvy, therefore are easily distinguished.

Autopsies of persons dead from hemorrhagic diseases frequently reveal blood extravasations within the cranial cavity. If a contusion of the head, followed by blood exudation into the brain or meninges is accompanied by no wound of the contused spot, nor of the skull bones, such hemorrhage, of itself, cannot be distinguished from a result of hemorrhagic disease. The author records instances of cases in illustration. Under these circumstances the decision can only be reached through other evidences.

The conclusion, then, of Scheby-Buch is, that between the spontaneous blood extravasations of scurvy-like diseases and those caused by violence, there can be but one *positive* difference, viz.: If an injury has been inflicted, the instrument with which it was done, occasionally leaves behind, upon the skin, clearly visible and recognizable traces.

Between contusions and erythema nodosum, the diagnosis is often very difficult. Contusions are met most often upon the most exposed situations. Erythema nodosum usually occurs upon the abdomen and lower extremities. The presence of only a few fresh bruise-like extravasations would almost certainly exclude erythema nodosum, When, on the other hand, one encounters along with or without pigmented swellings, others, that while prominent only show a red color, it is tolerably certain that erythema nodosum is present. Very evident swelling of the glands and, still better, of the lymphatics in the neighborhood of the affected parts, and well marked joint swellings point with great probability towards erythema nodosum.

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The Uses of Chrysophanic Acid or Chrysarobin and of Pyrogallic Acid in Skin Diseases.—(*Kaposi. Wiener Med. Wochenschrift. Nr. 44, 1878; Jarish. Wiener Med. Jahrbucher iv, Heft., 1878; Wiener Med. Blatte Nr. 15 u. 16, 1878*). It seems that the substance lately considered to be chrysophanic acid, and the active agent of goa powder, is really a chemical combination of this acid with different bodies, and which Liebermann has named chrysarobin. Kaposi's experience with it is similar to that of most of those

who have written concerning it. In psoriasis it is far more effective than any known agent, both in rapidity and certainty of cure. Its disadvantages, as staining the skin and liability to excite inflammation necessitate caution in its use, expecially in treating the face and genitals. Pyrogallic acid does not exercise such immediate and rapid influence in most patients, as chrysarobin. It, however, possesses the advantages of not exciting in the normal skin such severe irritation as the latter. It should be employed as a ten per cent. ointment, After continued use, the healthy skin becomes colored brown. While, according to Jarish it is less effective than chrysarobin in the treatment of psoriasis, it is in every instance preferable to it in the treatment of lupus. For this purpose it should be employed as a ten per cent. ointment continuously for three days; the unvarying result being the destruction of the lupus infiltrations, while leaving the intervening healthy skin almost unaffected, just as is the case with Cosme's arsenical paste. During the third day of the application there is a pain which may become very severe; and pressure upon the cauterized parts may occasion much distress for some time. Cicatrization occurs in from one to three weeks. It is often necessary to repeat the procedure, on account of the well known persistency of lupus. The scar resulting from pyrogallic acid cauterization is smooth, white and pliable. The same treatment has proven effective against hypertrophic scars, such as follow the destruction of lupus by the usual cauterizing agents. During the months of July, August and September, 1878, pyrogallic acid was used at the clinic for skin diseases, in the treatment of lupus to the exclusion of all other remedies. During this time 19 cases of lupus out of 31 were entirely cured or markedly improved. Jarish used the acid in three cases of epithelial carcinoma, but is not prepared to pronounce upon its value in this relation. He thinks, however, that its influence upon this new formation is not equal to that exerted over the soft infiltrations of syphilis and lupus. Kaposi, on the other hand, considers it of great value against epithelial carcinoma.

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On the Treatment of Lupus by Erasion. Mr. R. Clement Lucas (*Lancet*, Feb. 22d and March 1st, 1878), bases his paper upon the use of the well-known method of Volkmann of Halle. This consists in scraping away the lupus new-formations, with the spoon or dermal curette. (Mr. Lucas employs for the same purpose "a blunt periosteal elevator or a bone gouge.") In order to cure this obstinate

affection, means must be used to destroy every particle of the morbid growth. Excision, caustics of many kinds, including the actual cautery, have been variously employed. The great advantage in scraping with a spoon lies in the fact that with it normal tissues can not be destroyed, while the new formation may be removed without difficulty. This is of great advantage, as the scar resulting from the latter procedure is necessarily reduced to a minimum, a most important consideration where the diseased surface is at all extensive, or involves the face. Lucas considers any application, adjuvant to the "erasion" as unnecessary. To accelerate the cure he uses stimulating lotions and salves. Ten cases are reported in illustration of the treatment.

The curette is now in very general use in the treatment of lupus, epitheliomata, scrofulous ulcers, and, indeed, in many forms of skin disease. It is still questionable, however, whether with the spoon alone every particle of morbid growth can be removed; an indispensible requisite for the successful treatment of lupus and epithelioma. Dr. Piffard declares recently, (Further contributions to the treatment of lupus, *Med. Record*, April 5, 1879), that where effective excision is not practicable, scraping followed by the actual cautery is altogether the most satisfactory operation to be done.

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THE TREATMENT OF URTICARIA.—This troublesome affection has proved so unyielding to treatment that the medical profession will doubtless receive with pleasure the account of the successful results following the use of atropia, reported by Schwimmer, (Pest *Med. Chi. Presse*, 1878.) He gave in a case of urticaria of one years' duration, the following prescription, viz.:

| ℞ | | Gr. |
|---|---|---|
| | Atrop. Sulphat, | .01 |
| | Aq. Destil, | |
| | Glycerin, | aa. 2. |
| | Pulv. Tragacanth, | q S. f. pil. No, X. |

M. S.—One pill twice daily.

By the third day remarkable improvement was noticed, and a rapid and lasting cure was attained. In another case of chronic urticaria with hyperidrosis, 1 milligram of atropia daily for eight days secured a perfect cure. A third exceedingly obstinate case yielded rapidly to the same treatment.

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ON THE PERMANENT REMOVAL OF SUPERFLUOUS HAIRS.—Dr.

W. A. Hardaway of St. Louis, at the second annual convention of the American Dermatological Association, at Saratoga, August 27th, —29th, 1878, presented a paper on the treatment of hirsuties. The treatment advocated by Dr. Hardaway, electrolysis, was first practised by Dr. Michel, of St. Louis. A needle-holder is connected with the negative pole of a battery. (Dr. Hardaway prefers the Hill battery with from eight to ten cells,) and an ordinary electrode, covered with a moistened sponge, is connected with the positive pole. The needle is inserted into the hair follicle, and the circuit completed by the patient pressing the sponge electrode against the palm of his hand. The current is interrupted when a peculiar white frothing wells up around the needle. With a battery of eight elements, the desired result can be obtained in from two to five seconds, with but little pain. In the discussion following Dr. Piffard stated that he had employed electrolysis for the destruction of hairs for some years. He was not disposed to wait for frothing around the needle, but stopped the current as soon as the white line appeared around the follicles. Where the hairs were moderately large his operations were permanently successful in about seventy-five per cent. of cases. He preferred a platinum needle with sufficient iridium to give stiffness.—(Proceedings Am. Dermat. Assn., 1878, *N. Y. Med. Journal*, Oct., 1878).

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Dr. George H. Fox,—(On the permanent removal of hair by electrolysis, *N. Y. Med. Rec.*, March 22nd, 1879), uses where the hair follicles are large, a fine platinum wire, since he finds, that by its flexibility, it better succeeds in following the direction of the follicle than stiffer needles, which are more apt to pierce the follicular wall and miss their aim. He, also uses a fine flexible steel needle, such as dentists employ for extracting nerves. An ordinary zinc and carbon battery, of from five to ten cells, he finds most suitable. The hair should not be previously extracted unless the follicle is of large size, as in the finer follicles, the hairs become valuable guides for the introduction of the needle. Considerable skill and practice are required in order to destroy the follicle completely. This method of treatment, according to Fox is only applicable where strong, thick hairs are present, as in hairy nævus, etc , and is not efficient against the soft, downy hairs, so frequently seen upon the upper lips and cheeks of women.

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Dr. L. D. Bulkley, (*Archives of Dermatology*, October, 1878. "A new method of permanently removing superfluous hairs,") reports much success from the use of a straight three-sided surgical or glovers' needle. This should be thrust down to the bottom of the follicle or beyond it. It should be rotated, then, several times between the thumb and forefinger. It is designed by this means to excite destructive inflammation in the follicle. Dr. Bulkley regards this method as very valuable and efficient.

The procedures described are of great interest, and promise much for the relief of what becomes frequently a very distressing deformity.

## ADDITIONAL CORRESPONDENCE.

Jordan Alum Springs, Rockbridge Co., Va.

*Messrs. Editors:*

The qualities which the invalid in general should seek in an *inland* summer resort are, above all, elevation and dryness of soil. The former insures purity and coolness of atmosphere, the latter, as we well know, protects against many forms of disease, such as bronchitis, pneumonia, phthisis, rheumatism, malarial fevers, &c. The Jordan Alum Springs meets these requirements, as well as others, of which mention will be made, in the most satisfactory manner. Besides a reputed altitude of 2500 feet above tide water, the situation is in other respects peculiarly favorable for a summer residence. Just here two ranges of mountain, converging, enclose a valley, which, thus protected against the warm winds of the South, stretches far away to the North, widening by degrees and opening out from this point a grand view of the distant peaks, which float in ethereal beauty upon the horizon, like glimpses of another world.

On the eastern side of the narrow valley, rising from a brook, is a ridge, upon the brow of which, almost beneath the summit of the North Mountain, and some eighty or one hundred feet above the brook, lies the chief building connected with the Springs—the Grand Hotel. This is a three-story frame structure with Mansard roof, and containing the dining and ball rooms, parlors, hotel offices and bed rooms. It is fitted up in modern style with gas, electric bells and other conveniences. The kitchen and servants' quarters are separate from the hotel.

On either side of the latter is a large frame cottage. At the bottom of the lawn are the Brook House (also for the accommodation of guests), and in the same vicinity, the billiard room, bar, tenpin alley, &c. The removal of the latter buildings from the main hotel has manifest advantages for the guests, particularly for the ladies. The Rockbridge Alum buildings lie along the brook about two hundred yard lower down than the Brook House.

The green foliage covering the mountains, which are on every side of us save one, forms a most grateful object for the eye to rest upon and is both suggestive and refreshing. The grandest situation, however, to my mind, is to be found on a sort of knoll, some one hundred and fifty feet higher up the mountain side than the hotel. Here you have a most commanding view of all the beauties to which I have alluded, and sufficient room for a large building or several cottages and extensive pleasure grounds. How appropriate to this spot the sentiments of the great English rural poet:

"How oft upon yon eminence my pace
"Has slackened to a pause and I have borne
"The ruffling wind scarce conscious that it blew,
"While admiration feeding at the eye
"And still unsated dwelt upon the scene."

In the future when these springs have gained the fame and popularity, which they unquestionably deserve, I hope to see this point dotted with buildings, and I am sure that no one who has health and taste would prefer the lower ground to it.

But the chief interest of your readers will doubtless centre in the alum springs, and it is more particularly with reference to them that I began this letter; so with this short description of the grounds and surroundings, I will proceed to describe them.

As there may be some of your readers, who are not familiar with the appearance of alum springs, I will state, for their benefit, that these are not, as the name would imply, streams of water gushing out of the earth, but pools dug in the side of a bank of slate, containing water which has oozed through the super-incumbent earth, and carried with it the soluble materials composing the latter. Each pool contains some several barrels of still-water. There are six such pools here, situated near the western bank of the brook, and they vary greatly in strength. The principal ingredients of the water, named in the order of their relative amounts are aluminium sulphate, magnesium sulphate, copper sulphate, iron persulphate and sulphuric acid.

No. 4 is only used externally as an application to the skin and mu-

cous membranes. I have used it a good deal with the spray apparatus and Thudicum's douche.

No. 5, the next in strength, is only employed for cases requiring a powerful astringent, such as chronic diarrhœa and dysentery, hemorrhagic diathesis, &c. It contains a very large relative proportion of sulphuric acid.

No. 3 is almost the only other spring used, and, being a tonic with but little astringency, it is adapted especially to cases of scrofula, a disease for which alum water has been pronounced by Dr. Moorman a specific. No. 3 has also a diuretic effect, and a draught of it before breakfast, with a pinch of salt added, acts efficiently as a cathartic.

These waters have a stronger alum taste than those of the adjoining Rockbridge Alum. The side of the slate bank or cliff, at the base of which they lie, is covered with veins and masses of alum, here and there tinged yellow or brown by admixture with iron.

The first attempts made here at excavating for alum water were not successful, the supply then procured being indifferent; the deficiency, however, was remedied to a considerable extent by procuring and keeping on draught the water of an alum spring some miles off, which was remarkable for the large amount of iodide of sodium it contained. Since the present springs, however, were opened in 1875, they have afforded an abundance of the very best water of their class. I do not think any one could fail to be impressed with their excellence, if not superiority, who examined carefully the published analysis of Prof. Mallet.

I have had the pleasure of meeting here Prof. Davis, the accomplished lecturer on anatomy at the University of Virginia, and resident physician at the Rockbridge Alum. His modesty is as conspicuous as his merit. I anticipate much pleasure and profit from his society, which, although we are so near each other, I fear I will not, owing to my professional engagements here, be able to enjoy to the extent which I would desire.

Yours, &c.,

July 21st, 1879. E. F. C. ordell

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## MEDICAL EDUCATION IN BALTIMORE.

*Messrs. Editors:*

The *Baltimore Sun*, usually so correct in its information and news, gives currency in a recent number (July 18), to the idea that medical

education is stagnant, or worse, in our city. The following passage shows evidently want of knowledge of facts.

"It could not be pleasant to be told that the standard of medicine has been lowered in Baltimore during the last fifteen years, and that this descent from the higher plane on which our medical men once stood is due to the fact that within that period the ranks of the profession suddenly received great accesions, partly from strangers selecting Baltimore as their home, and partly to the unwise and unnecessary establishment of two new medical schools, without an effort on the part of any of them to raise the standard of education."

The founder of the two new medical schools is not in this country to speak for himself, and your correspondent does not propose to speak for him; but he will undertake to show that something very important has been done to advance medical education in the University of Maryland.

Fifteen years ago, there was a corps of six professors, and a demonstrator of anatomy; the branches taught were—I, surgery; II, chemistry; III, practice of medicine; IV, obstetrics and diseases of women and children: V, anatomy and physiology, and VI, materia medica and therapeutics.

Clinical medicine and surgery were taught practically at the Infirmary adjacent to the medical college, by the respective professors, who gave two clinics on medicine and two on surgery every week during the winter session. Very few medical schools then had equal advantages for clinical instruction.

Now let any one examine the circular of the present day, and he will find a corps of eleven regular professors, with a demonstrator of anatomy, an assistant demonstrator and three prosectors

He will find the following branches taught: I, chemistry; II, obstetrics; III, practice of medicine; IV, surgery; V, materia medica and therapeutics; VI, physiology and hygiene; VII, diseases of women and children; VIII, opthalmic and aural surgery; IX, anatomy; X, operative surgery; XI, dermatology. The professors, moreover, give special clinical courses on diseases of throat and chest, and on diseases of the nervous system. Nearly all give clinical instruction at the hospital, not only daily during the session, but during the entire year.

Auxiliary instruction is given to the students in a summer course in the following branches: I, diseases of throat and chest; II, on topo-

graphical anatomy; III, on pathological anatomy; IV, on physiological chemistry, and V, on obstetrics. This course is free.

Besides the Infirmary or University Hospital, which has been greatly enlarged in the last few years with a lying-in department and a gynæcological department, the *University Dispensary* has been established, and during the past year, as the report says, between 16,000 and 17,000 were treated, and the number is constantly increasing.

It would be desirable indeed that students should attend three courses of lectures, instead of two before coming forward for degrees. During the present monetary depression the faculty cannot exact longer attendance, but they earnestly encourage it, and ask no additional fees after the two courses.

Finally, it may be said that the graduates of the University of Maryland are, as a body, as respectable and successful practitioners of medicine as those of any school in this country.

These patent facts show the injustice of asserting that no effort has been made to raise the standard of medical education in Baltimore. All the practical duties of the physician may be acquired here as well as at any school of medicine in America.

Yours, very respectfully,

Baltimore, July 19, 1879. MEDICUS.

## ALLEGANY COUNTY MEDICAL SOCIETY.

CUMBERLAND, MD., JULY 22, 1879.

The regular monthly meeting of the Allegany County Medical Society was held in Cumberland, Md., on July 15th. In the absence of the President, Dr. L. M. Porter, Dr. D. P. Welfley, Vice-President, occupied the chair, with Dr. O. M. Schindell, Secretary, and the following members present: Drs. S. P. Smith, C. H. Ohr, A. B. Price, W. McGill, W. Van Kirk, G. B. Funderberg, M. A. R. F. Carr, G. E. Porter, W. W. Wiley, John A. Doerner, and Dr. Thos. M. Healey visiting.

Dr. C. H. Ohr, referred to a number of cases of meningitis which had occurred in this community, spoke of the modern treatment for this trouble, and the results accruing therefrom; had much more faith in the old treatment, the free use of the lancet, calomel and counter irritation, than he had in the so called brain and arterial sedatives, the bromides, aconite, gelsemium, &c.

Dr. G. E. Porter made some remarks upon the different forms of brain trouble, nearly all of which he had seen had resulted fatally. He advocated the same line of treatment, placing much dependence upon cathartic doses of calomel, claiming that much good was accomplished by unloading the portal circulation, and stimulating the hepatic and intestinal secretions.

Dr. G, E. Porter exhibited to the society a case of carcinoma of the mammary gland, in a married lady aged fifty two, the patient first noticed the lump ten months ago, at this time the disease involves the entire gland, which is firmly fixed to the thoracic wall; the axillary and cervical glands are very much indurated and painful upon pressure; the cancerous cachexia is strongly marked and the patient weak. This patient had only come under the doctors care a few weeks ago, very much in the same condition she now presents; an operation was not deemed advisable, as the disease had advanced too far. He was using pure belladonna plasters locally, and Fowler's solution of arsenic internally. It was the opinion of the society universally that an operation should not be attempted, as it would only hasten the inevitable result.

Dr. Fundenberg asked if all the members of the society had complied with the resolution passed at a previous meeting, requiring them to report all deaths occurring in their practice, to the secretary of the society, for the purpose of keeping a mortuary record of Cumberland. There were several delinquents, and the secretary was authorized to call the attention of these members to the fact.

A committee, consisting of Drs. C. H. Ohr, G. B. Fundenberg and M. A. R. F. Carr, was appointed to revise and amend the constitution of the Society, and report the same at its next meeting. The Society adjourned to meet at the usual time and place next month.

O. M. S.

## SELECTIONS.

The Topical Uses of Ergot,—By William C. Dabney, M. D., of Charlottesville, Virginia.—In a recent number of the *Journal de Therapeutique*, M. Planat, of Nice, calls attention to the use of ergot in acute ophthalmia. No doubt other physicians have used this agent in affections of the conjunctiva and other mucous membranes, but it is

surprising that medical literature should contain so little on the subject. I propose in the present paper to consider some of the topical uses of ergot and the circumstances under which it seems especially applicable.

The influence of ergot in causing contraction of the bloodvessels is too well known to need any comment, and I shall therefore say nothing as to its physiological action. M. Planat states that he found ergotine to act equally well in acute and chronic ophthalmia. I have used it but little in cases of *acute* conjunctivitis, and was not altogether pleased with its action under such circumstances. It seemed to increase the irritation rather than to diminish it. In those cases, however, where the bloodvessels were enlarged and tortuous, excellent results were obtained. I recall very distinctly the case of a little girl about ten years of age, who had been suffering for a week with conjunctivitis before I saw her. When she came to my office there was quite a free discharge of muco-pus from the eyes, and the bloodvessels were considerably enlarged, the membrane itself being somewhat thickened and opaque. The eyes were not painful, and there was very little, if any, intolerance of light. The treatment directed was the frequent cleansing of the eye with warm water and the instillation after each washing of a few drops of the following solution: Ergot (solid extract), grs. x; glycerine, f℥j; water, to make, f℥j. M. There was a very manifest improvement in a few hours, and in three days the eyes were well.

When there is much intolerance of light, and the eyes are very painful, the results have been much less satisfactory. I have had no experience with ergot in cases of granular conjunctivitis, but it is probable that it would prove serviceable in such cases, and, indeed, I believe it has been tried with benefit. (As I am spending the winter at San Diego, California, for my health, I am cut off from my books and journals, and have no access to the literature of the subject.)

In cases of *ptergium* I have used it with decided benefit. A solution of the strength mentioned above was applied three times a day, and the growth was checked thereby. In none of the cases where I have used it thus far has it exerted a curative action, but it is highly probable that if persisted in the bloodvessels supplying the pterygium would become so much contracted as to cause an actual diminution in the size of the growth.

In *pharyngitis* I have obtained excellent results from the application of a solution of Squibb's solid extract of ergot to the throat;

indeed, no other remedy has given anything like such satisfactory results in my hands. Just as in ophthalmia, the remedy seems to act much better in chronic than in acute cases. It is especially applicable when the bloodvessels of the pharynx are enlarged and tortuous, and when the secretion is not very great. In those cases where the mucous membrane is thickened, it acts much more slowly, and in acute cases it possesses no advantages over other remedies. In affections of the pharynx and in other cases to be mentioned hereafter, a combination of ergotine with tincture of iodine, as in the following formula, is especially efficacious: Ergotine, grs. xx; tinct. iodine, f℥j; glycerine, to make, f℥j. M. To be applied to the pharynx freely twice a day with a camel's-hair brush.

In *hypertrophy* of the *tonsils*, which is so often an accompaniment of chronic pharyngitis, the same solution applied to the glands two or three times a day gives excellent results.

About two years ago a young lady of Brooklyn, New York, 15 years of age, who had been suffering for months with pharyngitis and enlargement of the tonsils came under my care. The mucous membrane of the pharynx and the soft palate was considerably thickened, and there was quite a free formation of thick yellow muco-purulent fluid. The tonsils were greatly hypertrophied. Her general health had suffered a good deal, and she had been taking tonics, but with very little benefit. Quinia, iron, and arsenic were continued, however, and in addition her throat was brushed freely with the solution of ergot and iodine in glycerine twice a day. In two months' time her throat was well and her general health had greatly improved. In this case chlorate of potash, alum, zinc, and a solution of nitrate of silver had been faithfully tried before without benefit.

Within the past ten days I have had the same mixture applied to the throat of a gentlemen whose pharynx was greatly congested and had been so for weeks. The bloodvessels were enlarged and tortuous, but there was very little secretion. The mixture was applied with a brush twice a day, and in four days the congestion had subsided almost entirely.

It is probable that nasal catarrh would be benefited by ergot, locally applied. The great trouble in these cases has been that remedies applied with the nasal douche have remained in contact with the congested Schneiderian membrane too short a time to do any good. About two years ago Dr. George Catti proposed the use of gelatine bougies, which were to be inserted through the anterior

nares and then allowed to soften and flow out by the posterior nares. These bougies could be medicated with any agent which it was thought desirable to use, and in a note appended to the translation of Catti's paper in the *Virginia Medical Monthly*, I suggested the use of ergot in this way. I have never tried the bougies myself, however. In one case of catarrh, when the inflammation was seated near the posterior nares, I applied a solution of ergot and iodine by means of the post-nasal syringe, but the result of the treatment is not known. A solution of ergot in glycerine may also be applied to the nasal mucous membrane by means of a camel's-hair pencil, but I cannot say that I have had satisfactory results from any mode of application which I have tried thus far. If the medicine be applied to the Schneiderian membrane in any way, the iodine should not be added to the mixture at all, or else only in very small quantity.

It is unnecessary to say anything as to the use of this agent in *hemorrhoids*, as it is mentioned now in nearly all the text-books on therapeutics, and is in common use.

It seems almost needless also to say anything as to its use in *metritis* and *endo-metritis*. But, although it is mentioned now in nearly all the works on gynæcology, its value does not seem to be recognized by the majority of general practitioners.

It appears to be especially applicable in *cervical metritis*. The manner in which it should be applied depends on the season of the year and the temperature. When the weather is sufficiently cool suppositories are preferable, but in warm weather it is difficult to handle them and keep them from melting. The addition of extract of belladonna increases the efficacy of the ergot, and also tends to relieve any pains which may be present. The following formula I have found serviceable: Ergotine (or solid extract of ergot), grs. xx: extract of belladonna, grs. ij; cocoa butter, q. s. M. Make into six suppositories and insert into the vagina every night after using the hot douche.

In November, 1876, I saw a woman, 40 years of age, who had been suffering for several years with the usual symptoms of cervical metritis and prolapsus. Upon examination the neck was found to be enormously hypertrophied, hard and nodulated; so great indeed was the enlargement and firmness of the part that one of the physicians who saw the case considered it due to cancer. The os was patulous and the sound penetrated a distance of about 4½ inches. On careful examination through the vagina and abdominal walls, I could detect

but little enlargement of the body of the uterus. At the menstrual epochs the flow was very profuse, and in the intervals there was a considerable discharge of tough mucus mixed with pus. The woman was greatly debilitated, and confined to her bed most of the time. Quinia, iron, and arsenic were advised, together with a generous diet. I commenced also the administration of ergot by the mouth, but had to desist in a day or two on account of the nausea which it produced. The use of the suppositories of ergot and belladonna was then commenced, and continued steadily except at the menstrual periods until February, 1877. She had then improved very greatly, and there was a decided diminution in the size of the neck of the uterus. The suppositories were omitted for a month and then resumed. I did not see her again until the following November just one year after the treatment was commenced. The cervix was then of natural size and the menstrual discharge also natural in all respects. The treatment in this case was continued with only a month's intermission for a year, but the results were certainly most gratifying. I should have stated, however, that there was still a *slight* mucous discharge during the interval between the menstrual periods.

In warm weather a solution of ergotine and extract of belladonna in glycerine and water may be used in place of the suppositories, as in the following formula: Ergotine (or Squibb's solid extract), ʒ ss; extract of belladonna, grs. vj; water and glycerine, aa f ʒ iv. M.

A pledget of cotton is to be saturated with this solution, and inserted into the vagina at bed-time after the hot douche. The cotton should, of course, be removed in the morning.

It has been proposed to paint a solution of ergot on the os and cervix with a camel's-hair pencil, and favorable reports of this mode of treatment have been published. So far as my own experience enables me to judge, those cases where there is a copious discharge of mucus or pus are much less amenable to treatment than others, and this is probably due to the fact that the medicine remains in contact with the diseased surface such a short time before it is washed off. And I would call attention just here to the advantages of glycerine over water as a *vehicle* when ergot is applied to mucous membranes where it is liable to be speedily washed off. The tenacious properties of glycerine keep the remedy longer in contact with the diseased surface, and in addition to this the glycerine itself is, as Dr. Marion Sims long ago pointed out, of decided value in reducing some of these

chronic inflammatory engorgements. When ergot is applied to the eye, however, only sufficient glycerine should be added to prevent the mixture from spoiling.

In addition to the topical application of ergot to mucous membranes it is highly probable that it will be found of service when applied to the skin over points of chronic inflammation. I say it is *probable*, because so far as I know no observations on this point have as yet been made, and my own are too few in number to lead me to any definite conclusions. I have used a solution of ergot and iodine in glycerine in several cases of glandular enlargement, but the result was not encouraging. In chronic inflammation of the joints I have had no opportunity as yet to try this mode of treatment, nor have I used it for any of the neoplasms (except internal fibroids, hypodermically, and in the form of vaginal suppositories), the growth of which it might check. When applied to the skin with a view to its absorption the vehicle should be either glycerine or one of the oils. An oleate would be a convenient form for application, and morphia could be added to this if it was thought advisable. Certain *indolent ulcers* in which the bloodvessels were enlarged would probably be benefited also by the application of ergot either with or without iodine. I cannot speak from experience, however, on this point.

I do not for a moment suppose that ergot administered in this way can take the place of its administration hypodermically or by the mouth, but each method has its special field of applicability, and I am convinced that the value of the agent when locally applied has not been duly appreciated by many practitioners. Hypodermic injections are painful when ergot is the agent administered, and every physician who has given the remedy at all has doubtless observed how nauseous it becomes to the patient after a few days when administered by the mouth; hence in such cases as neoplasms or chronic inflammations of parts adjacent to the skin it would seem advisable to practice this method of administration, or at all events, to resort to it when the other avenves are closed.—*American Journal of the Medical Sciences*, July, 1879.

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Alcoholic Dressings of Wounds, as a Prophylactic Against Erysipelas.—Erichsen, the great English clinical master and illustrious surgeon, in his work on the Art and Science of Surgery, Chapter XXXII, page 443, expresses himself as follows; "Erysipe-

las is an affection that so frequently and suddenly complicates most other surgical injuries, that its study is of the utmost importance to the practical surgeon." This is not his opinion alone ; it simply coincides with that of every surgeon. It is, consequently, obvious that any means or method of treatment which, prophylactically or otherwise, lessens the danger or insures immunity from it, is well worthy of a few moments attention ; and still more so, when we remember that the advocate of the method presently to be described, also claimed that it prevents to a great extent the occurrence of pyæmia, phlebitis, and other dreaded constitutional affections which succeed surgical injuries and operations. As it would take up too much space to enter upon alcoholic dressings of wounds in general, I shall limit myself so that I shall only touch upon them as far as they have reference to erysipelas.

While sojourning in Paris, where I was a frequent visitor of Professor Gosselin's surgical clinic at La Charité, I was struck by the fact of the very rare occurrence, if not entire absence, of erysipelatous manifestations after surgical injuries and operations. I was not long allowed to remain in the dark concerning this very important matter, for the Professor repeatedly stated that while he had treated wounds with alcoholic dressings, his wards had been free from the disease in question. Only one case occurred, to my knowledge, during my six months' residence in the capital of the world ; the subject being a young man who was admitted to his wards, suffering from a wound of the scalp, and a subsequently developed erysipelas. It must, however, be said that this case was hardly a fair criterion, and should obsolutely carry no weight with it, as the alcoholic dressing was applied by outside physicians, and it was not known whether it had been properly applied, or whether the patient had followed the physician's advice in relation to it, even if properly used. It is simply mentioned for completeness' sake. The good results of this treatment were not restricted to this hospital alone, but we see the same at the old Hôpital des Cliniques—reputed one of the most insalubrious of Paris. After the great Nelaton had introduced this method of treatment at the last named institution, there was a marked abatement of this and other diseases which are wont to follow surgical procedures and wounds, and which had been so prevalent. From that time onward its real value became pretty thoroughly recognized in France, its opponents not being able to entirely deny its usefulness. Professor Dolbeau, a most talented surgeon and erudite phy-

sician, could only state that he had used it for some time at the Hôpital St. Louis, and did not believe in its vaunted superiority over all other methods of dressing wounds; yet that it was equally true that it was preferable to a great many others. If such good results were obtained in less favored climes than ours, we certainly have something to expect from it. We can derive some further encouragement, as a few members of the profession in this city have used it, and are using it (as I am informed), which certainly tends to indicate that they have derived some advantage from its employment, or else they would have abandoned it.

It is true that it is nothing new, but that should not detract anything from its merits. It requires no great learning or profound erudition to know that alcohol was used by the ancients for dressing wounds. In their numerous formulæ used for this purpose, alcohol very often formed the base. It entered into those of Ambrose Paré, Hippocrates, and others. However, it rarely was used alone, or in the form of the *eau de vie camphree* as in the case at present in France.

As regards its action in preventing erysipelas, I do not wish to spin any fine theories, or give those of others. It is well known that alcohol has long been used for preserving anatomical preparations. It may perhaps act here in the same manner as it does there, viz., it prevents putrefaction by destroying the vitality and preventing the ingress of those germs upon which putrefactive and other changes depend. Be that as it may, it possesses three advantages over many other dressings which may be briefly formulated—1st, simplicity; 2d, cleanliness; 3d, absence of all odor. Unquestionably, something that cannot be said of many of the complicated dressings in use at the present day. To convince one's-self of the correctness of the above assertion, having used or having seen it properly employed for a very short space of time, is all that is requisite. In applying this dressing all that is necessary is some alcohol and some charpie—no spray-producers or other elaborate or costly paraphernalia. The piece of charpie is moistened with alcohol, and the wound, after being otherwise properly arranged on general surgical principles, is covered with it. The dressing is changed two or three times in 24 hours, care being taken to keep the charpie continually saturated with alcohol. In France a great many use *eau de vie camphree* instead of alcohol alone, whether the camphor adds anything to the efficacy of the alcohol I am not prepared to say; but I am rather inclined to think that

it does not. Contrary to what one might suppose, the pain occasioned by the application of alcohol to a wound is not severe. The first two or three applications cause a slight smarting sensation, after which it is *nil.* Possessing all these advantages, and very few drawbacks, we trust that this method may receive a trial by the profession on this coast, and if it responds to the hopes entertained of it, that it may be used universally.—Dr. A. E. Regensburger, in *Western Lancet*, July.

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Source of the Alarming Hemorrhages of Phthisis.*—The difficulties experienced when we search for the exact point of the origin of the vascular alterations in hemoptyses have been a most serious obstacle to an exact knowledge of its pathology. This explains why the discovery of aneurisms of the arteries of the lungs in phthisis is of recent date, since, in spite of a few facts previously published, it is principally due to the researches of Rasmussen, made popular in France by Professor Jaccoud. Having had occasion to observe two cases of fatal hemoptysis in my service at the Laennec Hospital, I have been fortunate enough to discover easily the point of origin of the hemorrhage by the aid of a method of which I wish to explain in a few words.

The first idea which comes to the mind in making these anatomo-pathological researches is to open the bronchial tree, in following the branches by which it comes into the trachea. It is impossible in this way to find the ruptured vessel, for the trachea, as well as the large and small bronchial tubes, is filled with a bloody mucus which everywhere appears nearly the same. The mechanism of these terrible hemorrhages is as follows: The blood flowing from the arterial perforation into the cavity flows continually into the corresponding bronchial tube, thence into the trachea, where by the respiratory movements it is mixed with air. It results, therefore, the acts of inspiration draw this bloody mucus into the bronchial ramification, so that the subject succumbs not so much by the amount of blood lost as by the obstacle to respiration produced by the presence of a liquid in the air passages. This was the cause of death in the two patients mentioned in this communication, and I am convinced that it is the rule in the majority of cases.

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*Lecture of M. Damasching at Laennec Hospital, Paris; translated from *Gazette des Hopitaux.—Western Lancet.*

To discover the vessel whence the blood had during life proceeded, I placed a canula in the pulmonary artery and injected water. Finding this came out by the right bronchus, I then fixed the canula in the right branch of the pulmonary artery, opened the principal bronchial tubes, and again injected. Then finding the liquid issuing from a single lobe, the canula was fixed into the vessel of this lobe, and the corresponding bronchial tubes being cut the injection continued. It was now easy to follow by dissection the bronchial tube from which the water issued, and to come directly upon the cavity, and see the liquid issuing by the perforation ot the artery. In this preparation, I show you a branch of the pulmonary artery of the third or fourth order adhering to the wall of the cavity into which it projects. The ulcerative process which has continually enlarged the cavity in the pulmonary tissue has respected the arterial tunics which it has partially isolated from the tissue of the lung surrounding it; but under the influence of the ulceration the artery is altered at a portion of its circumference. The vascular tunics, weakened by disease, yield to the pressure of the blood, and distending form a true aneurism, whose coats are the internal and middle coat of the artery implicated. The walls of these small aneurisms are still further weakened by a caseous degeneration of their elements, and finally burst, producing the hemoptysis.

In the first of my cases a young man, of twenty-five years, had pulmonary symptoms for eleven months. Signs of large cavities existed at the apex of the left lung. A first hemorrhage, estimated at six ounces, stopped easily; three days after it was renewed, and the patient died in about a quarter of an hour, after losing about two quarts of blood and mucus. The post-mortem showed a sacciform aneurism of the size of a large nut projecting into the cavity, and developed on an artery of the third order, which also projected from the wall of the cavity. In the sac were two perforations, one-eighth of an inch in diameter. In my second case, besides the pulmonary aneurism which caused the fatal hemorrhage, I found another unbroken in a cavity in the opposite lung.

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Disinfectants and Deodorants Recommended by the Sanitary Council of the Mississippi Valley.—More than half of these agents are valueless in preventing disease, and dangerous as being productive of false security. Heat and pure air are the best of

all disinfectants. Where other agents are necessary, the following list will be found useful:

Copperas can be used almost anywhere, cheap and efficient. Especially useful in privies, etc. Ten pounds in a pailful of water; a teacupful in bed-pans, chambers, etc., after being used. A quart a day in privies, urinals, etc., for ordinary purposes. In dangerous diseases add from a pint to a quart to each discharge. The contents of a privy six feet in diameter and twelve feet deep will require twenty pounds of copperas to disinfect it.

Quicklime and gypsum or land-plaster are good absorbents, and may be used advantageously in damp places, cellars, gutters, etc. They should not, however, be used in drains, catch-basins, sewers, soil-pipes, etc., nor where they are liable to be washed into such places, lest they, by decomposing soap-water, form lime-soap and obstruct the passages.

Charcoal is one of the best deodorants, absorbing large volumes of gases. May be used in powder, mixed with lime or gypsum, and sprinkled freely in malodorous localities. Suspended in a basket, in cisterns, meat-safes, dairies, etc., it tends to keep the contents from absorbing foul odors. Charcoal should be frequently reheated to drive off the absorbed gases and renew its efficiency.

Carbolic acid and the coal-tar disinfectants are only admissible for outdoor use, on account of their odor, Mixed with gypsum, they are valuable around stables, outbuildings, etc. A gill of carbolic acid in a pailful of water may be used to flush sewers, drains, etc., and in privy-vaults and catch-basins.

Chloride of lime is sufficiently well known not to need special mention here, except to say that its value is greatly overrated. The addition of strong vinegar or dilute sulphuric acid (oil of vitriol) materially increases its efficiency.

Chloride of zinc may be used instead of copperas, and has the advantage of neither bleaching nor staining white or colored fabrics with which it may come in contact. On this account it is especially useful in disinfecting clothing, bedding, etc.

Of the large number of proprietary preparations sold for disinfecting purposes it is not necessary to treat in this connection. If further information is needed, consult your sanitary officer or family physician.

In generel: should disease, however, in spite of every reasonable care, break out in our midst, allay fear and prevent panic, which is

always senseless, demoralizing the well and jeopardizing to an incalculable extent the lives of those who may fall sick. "In a sick-room there should be wise heads, willing hands, and loving hearts in the attendants, and thankful submission with common sense in the patient."

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General Directions in Contagious or Infectious Sickness.—1. The sick person should be restricted to one room or a part of the house separated from the other inmates.

2. Secure proper ventilation of the sick-room without producing draughts. Smell is an excellent guide as to state of air; if air is sweet, there is but little dread to be felt.

3. The virulence of any poison which causes the spread of disease is greatly increased by concentrations in close rooms, and decreased by dilution and free circulation of air.

4. The linen, clothing, bedding, utensils, and every object touched by or in contact with the sick should be isolated, and, such as will permit, should be thrown into boiling water, there to remain for at least half an hour.

5. The nurse should be restricted to the sick-room or otherwise isolated.

6. Remember that disease is communicated by both the poisoned air about the sick, by the clothes and other articles used or touched by them.

7. After the patient leaves the sick-room it should be purified and disinfected. Boil every thing that will admit of it; scald all utensils; scrub the floors; whitewash ceiling and walls. Empty the room entirely, and leave doors and windows open for at least a day or two.—*Sanitary Council of the Mississippi Valley.*

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Dr. E. F. Wells, of Minster, Ohio, contributes to the Cincinnati *Lancet and Clinic* of July 19th, a paper on "Diphtheria; An analysis of over three hundred cases," which he concludes thus:

"Let us now divide our cases into three classes, and summarize the treatment found most beneficial:

Class 1.—Cases of the very mildest nature with very little or no exudation.

Class 2.—Cases of moderate severity, with more or less free deposit of false membrane.

Class 3.—Severe cases, with the involvement of the fauces, nares, larynx, trachea or bronchi; or cases accompanied by grave complications.

TREATMENT.—ALL CASES.

1st. Confinement to a warm room in cold weather.

2d. Protection of the throat by a woollen cloth or other means.

3d. Frequent use of gargles of a saturated solution of alum in water.

4th. Emunctories to be kept open.

Class 1.—Nothing more than indicated for all classes.

Class 2.—1st.

| | | |
|---|---|---|
| ℞. | Potas. Chlor., | ʒ ij. |
| | Acid. Hydochlor. Dil., | f. ʒ j. |
| | Syrup. Simp. | f. ℥ iv. |

M. S. Dessertspoonful every one or two hours.

2d. Removal of false membrane once or twice daily, and cauterization of the underlying raw surface with the muriated tincture of iron.

Class 3.—In addition to the 2d item of class 2, 1st:

| | | |
|---|---|---|
| ℞, | Tinct. Ferri Perchlor., | f. ʒ j. |
| | Glycerinæ. | |
| | Aquæ. | aa f. ℥ j. |

M. S. A teaspoonful every one or two hours.

2d. Elevated temperature with an atmosphere charged with moisture and the fumes of slaking lime, if parts below the glottis be affected.

3d. Cleansing of nasal cavities if they be affected.

4th. Tracheaotomy as a last resort."

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Poisoning by Rhus Radicans.—The treatment of this annoying affection of the skin was purely empirical until the discovery by Prof, Maisch, of Philadelphia, that the toxic agent in rhus-poisoning was an acid which he called *toxicodendric acid*. Since this discovery of Prof. Maisch's the treatment of this troublesome disease has been more rational. I have used the alkaline bicarbonates and lime-water both locally and internally in this affection with fair success, but this season have been using a saturated solution of hyposulphite of soda, keeping the affected skin moist with the solution, and in severe cases have given the hyposulphite internally at the same time. By this treatment I have aborted the worst cases in from 24 to 48 hours. I am

sure any one giving the hyposulphite a trial in rhus-poisoning will reach the same conclusion that I have—that it is the best among all known remedies for curing this disease, and it fulfills the indications of a good medicine.—Dr. Brandt, in *Medical Record.*

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Terrorist Quacks.—Dr. Richardson, in his address to the members of the Medical Defence Association, treats what he terms "Terrorist Quacks" after the following manner:

There is a form of quackery which is essentially of the lowest, if not the wickedest, in the whole field of quackery, which in the most systematic manner deals with the more secret and objectionable of human infirmities—I mean with diseases which spring out of sensual indulgence. The men who carry out this line of bad business are numerous. They are not, as a rule, men who have received any medical education. A few of them may have attended classes, and a few may have passed through their curriculum and failed in examination. The majority are mere ignorants who assume to possess a medical qualification from a medical college of some other part of the world. They base their claim to be trusted on the ground of the secrecy of their knowledge and the secrecy of their proceedings. The very fact that they themselves are obscure, hidden, distrusted, is the reason too often why they are consulted by those who, in the matter of their illness, themselves wish to be obscure and under concealment. Many a youth, who under ordinary circumstances would go to the family physician or surgeon for advice and assistance, goes to one of these men because he thinks he can open his mind to such a man freely, and communicate his distress without fear of discovery.

A number of these quacks catch their victims by means of books which they write and which they advertise largely. In the books so written there is nothing new. They are nearly all founded on one rather old book, which was published in English in the early part of this century, which from its title assumes to be the work of one of the ancient Greek philosophers, Aristotle, and which still floats about as a kind of suppressed book to be read only in secret, and never acknowledged.

These men do an incalculable amount of evil. They not only directly rob, they currupt their victims. Seizing upon minor failings of a physical or moral kind, they distort or carricature such failings until their victim is literally distraught with the idea of the life-long

misery that is in store for him. Moreover, having raised this misery, they do no mortal thing to allay it It is a part of their shameless policy to keep the mental wound open, to offer temporary relief at the most, and to maintain silence at the cost of a levying which knows no end so long as the fears of the victim hold ascendency over the acts of his life.

The respectable public cannot think we do wrong in keeping an eye on quacks of this order. If the public understood its own interests, if it understood the interests of those youths who spring from it, and who are to become the backbone of the next generation, it would give us more than thanks for our vigilance; it would give us its earnest assistance—

"To whip these scoundrels naked through the world."

I am glad to say that the very fact of the existence of our Society has largely checked this class of men. Supported by the public voice, we could put them all down in twelve months, and relieve the young of their pestilent influence for this generation.

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Uterine Diseases.—By E. H. Murrell, M. D., Virginia. In the consideration of uterine diseases, including leucorrhœh, dysmenorrhœa, suppressed catamenia, menorrhagic and vaginal inflammation, it is proposed briefly to allude to the efficacy of the Bedford Alum and Iron Springs Mass as a curative agent, and to call attention to its tonic properties, which act most beneficially in their healthful restoration. By reference to the analysis of this Mass, it will be seen that it contains all the constituent properties most essential to the relief of morbid disease, namely, by restraining the secretion while combining the tonic properties alike conducive to the improvement of the circulation and removing the causes which influence constitutional debility. For this reason, the water appears to exert a specific influence over the female organism, and often displays its wonderful power of relief after the unsuccessful employment of all other remedial agents.

A brief synopsis of the treatment of suppressed catamenia by the Bedford Alum and Iron Springs Mass, which came under the immediate attention of the writer, will suffice to attest its virtues:

Miss J. S., a resident of this city, aged 20 years, of delicate constitution; had for months suffered from suppression of the catamenia which resulted in anæmia and great emaciation, attended with ex-

treme nervousness, loss of appetite, constant cough, pain in the chest, night sweats, closely bordering on phthisis pulmonalis. After the exhaustion of numerous emmenagogue agents which had been employed for months unsuccessfully, medical counsel was sought, and apparently with little hope of recovery, she was at once placed upon the free use of the Bedford Alum and Iron Springs Mass, which was continued for the space of three months, at the expiration of which time all organic disturbance was removed, with a complete subsidence of the symptoms before detailed, and a perfect restoration of her health, which has continued unimpaired to the present date, now some eighteen months subsequent.

Other cases might be adduced in testimony of the great efficacy of the Bedford Alum and Iron Springs Mass in the treatment of uterine diseases generally; but enjoying as it does so largely the public confidence and endorsed by the well tested experience of the medical profession, any additional evidence in support of its virtues and wide spread reputation would only prove superfluous and uncalled for by the most skeptical.—*From the N. C. Medical Journal*, April, 1879.

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Hemorrhoids—Operation—Dressing—Method of Controlling Hemorrhage.—A male patient was suffering from internal hemorrhoids. They exhibited the raspberry appearance, and were regarded as the artero-capillary variety. For the purpose of effecting a radical cure, they were treated with the double ligature. The sphincter was not dilated. Treatment after the operation was believed to be sufficient to prevent spasm of the sphincter. In cases in which the pile could not be easily surrounded, Sims's speculum was recommended. The operation being completed, a suppository containing opium and belladonna was introduced well above the internal sphincter. A large piece of lint smeared with vaseline was placed over the anus and the cleft of the nates. The cleft was then packed with cotton until it was filled to a level with the tuber ischii; over that a compress was placed, and the whole was retained in position by means of an ordinary T-bandage.

But suppose *hemorrhage* should occur from the stump of the pile or elsewhere? A plan of treatment was recommended which, although not new, is perhaps worthy of description. Of course, effort might be made to tie the bleeding vessel. But the plan recommended as the better one was first to take a cone-shaped piece of sponge, and

make it hollow; then pass a thread from the inside through the side of the sponge, over the apex of the cone, and return it to the cavity in the sponge. In that manner a loop was made which placed the sponge within the control of the surgeon. It was then to be slightly moistened, compressed, and pushed up as high as possible in the rectum upon the tip of the finger. Pieces of lint were then to be carried in until the cavity in the sponge was filled. As soon as filled, traction was to be made upon the strings, when the sponge would spread out and press against the sides of the rectum. In that manner flow of blood upward was prevented, and the compress already described prevented any discharge from the anus. In ordinary cases it was thought advisable to leave the sponge *in situ* for thirty-six or forty-eight hours. If hemorrhage returned, the sponge could be replaced. —*Medical Record, Hospital Reports.*

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Treatment of Pertussis by Inhalations of Carbolic Acid. —(*Birch. Hirschfeld.—Allgem. Med. Centr. Zeit.—Med. Chir. Centrbl.*) The method as first tried during the epidemic of whooping-cough in the Asylum for the Blind, at Dresden, in 1877, consisted not only in administering weak carbolic acid inhalations from time to time, but in continually keeping the patients in apartments carbolized with a spray of a twenty per cent. solution (otherwise well ventilated); the patients were let into the open air only for one hour daily during fair weather. This method was adopted because ten other children, isolated from the rest, were being treated on a different plan at the same time, and because single experiments, with carbolic inhalations according to Burchard's method, had given no striking results. It is to be remarked that no signs of carbolic acid poisoning showed themselves in any of these patient; on the contrary, they enjoyed very good health. For the first two or three days of treatment, almost no decrease in the number and intensity of the attacks could be established; then, in an exceptional case, improvement showed itself, then in cases which from the first had been severe; as a rule, the convulsive stage could be declared ended at the end of the first week; in only a few cases, which were not treated from the beginning, the convulsive stage extended into the second week; a slight, bronchial catarrh still continued for several weeks. It is noteworthy that when the spray was omitted on the fourth day, all the patients had severer and more frequent attacks, which moderated when the spray was again

commenced. The author observes that this treatment has proved efficacious not only in children of ten or twelve years of age, but also in those one year old, as evidence of which he has 18 cases. In one case, two children, respectively one and two years of age, during sleep were left in an apartment free from carbolic acid vapor; but even then the duration of the very severe convulsive stage lasted only nine and ten days respectively.

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Severe Injury of the Fingers—Aloes used as a Dressing —Cure.—Millet, in a case of confused and lacerated wound of the fingers, where the phalanges only hung by a strip of skin and the tendon of the flexor digit, profundus, applied a splint with an occlusive bandage containing powdered aloes, thickly covering the wound. Complete cure, with mobility of the fingers, resulted, two dressings being used in fourteen days. The use of aloes as a dressing in wounds opening into the joints has long been known to veterinary surgeons. In 1874 Delioux de Savaignac recommended its use in general surgery.—*Clb. f. Chir.*, No. 21, 1879; from *Rec. de Pharm. Mil.*

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Præputial Calculi.—Dr. Moeller had under his care a child 3 years of age who suffered with phimosis. The mother had remarked that it urinated with difficulty, that the prepuce swelled up considerably at the moment, and that occasionally the stream suddenly stopped, causing the child to scream. The præputial opening only admitted a sound two millimeters in diameter, which detected a hard body. The præputial opening was dilated, and a calculus of thirty grains was extracted. Lewin, of Berlin, (*Berlin. Klin. Wochens.*, March 31 and April 7, 1879), records three cases of præputial calculus, and cites fifteen more, all of which are on record. These calculi may either arise from the præputial glandular secretion, from urine stagnating in the præputial sac, or from small urinary calculi lodging in this locality.—*Jour. des Sci. Med. de Louvain*, 1879, p. 271.

# MARYLAND MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY,

H. E. T. MANNING, M. D. }
T. A. ASHBY, M. D. } Editors.

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BALTIMORE, AUGUST 1st, 1879.


## EDITORIAL NOTES.

YELLOW FEVER.—Despite every national, state, municipal and individual precaution, this terrible malady has again made its appearance in the Mississippi Valley, and its deadly effect has already been sorly felt in Memphis, a score or more of deaths having occurred there.

The first well marked cases created, very naturally, a panic, and a stampede was the result, It is supposed, now, that the population of Memphis, still there, does not exceed 10,000 persons—a large proportion of whom are negroes, and they seem to have very little fear of the deadly scourge.

A little more than a month ago it was announced that Memphis was never so clean and healthy, and complete immunity from the fever was confidently predicted. Yet this flattering statement was scarcely promulgated before a case was reported and, directly, the appalling news comes that it is on the increase.

The only encouraging fact, amid the gloomy prospect, is the confident assertion that the fever is of a milder type than that of last year; and, yet, death after death occurs, and all human efforts seem powerless to stay its blighting progress.

We have a correspondent "at the front," and had hoped to give, in this issue, the result of his observations thus far, but presume he is so intent on his mission of mercy, that little time is left him for other work than that upon which his sacrificing efforts are bent.

Let us hope that we may be mercifully spared the pain of recording such scenes of suffering and death as was our sad duty in the dark days of 1878.

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THE AMERICAN ACADEMY OF MEDICINE.—Will hold its next annual meeting in New York city, Sept. 16th. The objects of the Academy are—

1. To bring those who are alumni of collegiate, scientific, and medical schools into closer relations with each other.

2. To encourage young men to pursue regular courses of study in classical or scientific institutions before entering upon the study of medicine.

3. To extend the bounds of medical science, to elevate the profession, to relieve human suffering, and to prevent disease.

The Fellows of the Academy must be Alumni of respectable collegiate institutions, who have received therefrom—

1. The degree of Bachelor of Arts, after a systematic course of study, preparatory and collegiate.

2. The degree of Master of Arts in accordance with the usage of these institutions.

3. The degree of Doctor of Medicine, after a regular course of study, not less than three years, under the direction and instruction of preceptors and professors. They must have also had an experience of three years in the practice of medicine.

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HAVANA, AND THE COMMISSION APPOINTED BY THE NATIONAL BOARD OF HEALTH.—Advices from Havana bring the intelligence that the commission appointed by the National Board of Health of the United States for the purpose of studying yellow fever symptoms, development, and treatment, in Havana, is prosecuting its work there assiduously. Much local interest is manifested in the work, and hopes of beneficent results are entertained. During the week ending July 16th, there were 117 deaths from yellow fever in Havana. The Commission consists of Dr. Chaillé, of New Orleans; Dr. Gutieres, of Philadelphia; Dr. Sturnberg, of the Army; Dr. Tryon, of the Navy and Col. T. S. Hardee.

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DR. E. S. GALLIARD, editor of the *American Medical Bi-Weekly*, has severed his connection with the Kentucky School of Medicine at Louisville.

"PUT IT ON AT ONCE."—A loose red woollen flannel shirt should be worn next the skin, both summer and winter. It should be "loose," so that its moving upon the skin may keep up a good circulation there; "red," because white flannel fulls up, becomes stiff, and impervious; "woollen," because woollen flannel conveys the perspiration from the *under* to its *outer* surface, where either the cotton shirt absorbs or the air dries it without injury to the body. On account of these properties, sailors wear red woollen flannel even during midsummer in hot countries. Of course, a very thin material should be worn in summer.

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MORE HONORS TO A FORMER BALTIMOREAN.—The distinguished Dr. Edward Warren, (Bey), so well known in this city, has had conferred on him the marked distinction of Chevalier of Honor. He was formerly in the service of the Khedive, of Egypt, by whom he was treated with many signal marks of favor. He is now a resident of Paris. This is the third distinction he has received from foreign governments.

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WITH a view to rendering the coming census more complete than ever before, the Department of the Interior has sent to every physician in the United States a book of blanks in which to record the deaths happening in practice from June, 1879, to June, 1880. The returns from this source should be of much value, as so simple a request will no doubt be very generally complied with.

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THE English doctors, at least those living in the country, have recently taken to riding about on bicycles and tricycles to see their patients. These velocipedes are now made with rubber tires, and can travel over tolerably rough roads and up and down steep hills, making from eight to ten miles an hour.

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DR. WILLIAM GOMBEL, formerly resident physician at the City Hospital, has just returned from a few months' sojourn in Navassa. He will leave, in a few days, for his old home in Germany, and expects to return and enter upon the practice of medicine in this city.

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RECENT JOURNALS contain several reports of fatal mistakes in filling metric system prescriptions.

Cholera and Diphtheria in the East.—A Berlin dispatch of July 16th, to the *Times*, says cholera has made its appearance in the Government of Smolensk. The terrible epidemic, diphtheria, continues its ravages in Bessarabia, where a rescript of the Governor is published, ordering a universal fumigation of the dwellings and clothing of the peasantry. The rescript states that the epidemic has now been raging seven years, carrying to the grave in some districts almost all of the rising generation.

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Lactopeptine.—From a private letter from Dr. M. G. Salley, of South Carolina, we extract the following: "I have occasion to test the remedial effects of Lactopeptine almost daily. I find large doses of subnitrate of bismuth, combined with lactopeptine, the best and surest remedy in the summer diarrhœas of children. They are safe remedies, and may be used in conjunction with many others, but I prefer to use them alone or, occasionally, with opium."

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Attention is directed to the new advertisements in this number, among which may be named—The College of Physicians and Surgeons, Wm. Proctor, jr. & Co., Battle & Co., F. Arnold & Son, and others

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## A PRIZE OF $100.

At the Meeting of the Baltimore Academy of Medicine Held April 1st, 1879, the following resolution was adopted:

*Resolved*,—That a prize of $100 be offered for the best essay on a medical subject, to be written by a physician residing in the state of Maryland. Each essay to be accompanied by a sealed envelope, containing the name and address of the author, and bearing a motto on the outside; the same motto to be inscribed on the essay. The prize not to be awarded unless an essay of sufficient merit be presented. Essay to be handed into the Corresponding Secretary of the Academy, by the first of February, 1880.

B. B. BROWNE, M. D.,
Recording and Corresponding Secretary,
Baltimore Academy of Medicine,
307 Madison Avenue.

## OBITUARY.

MRS. ELIZABETH C. WARREN, beloved wife of Dr. Edward Warren, (Bey), died, suddenly, at her residence, No. 11 Rue Neuve des Capucines, Paris, on Sunday, June 29th, in the 41st year of her age.

The *American Register* thus records her untimely death:

"There was scarce a friend or acquaintance in all Paris of the lamented lady mentioned above, who did not peruse with stupor the foregoing notice when it appeared in the daily paper of Tuesday last. In the prime of life, in her usual health, she was stricken with a sudden and inevitable fatal illness, that in a few hours' time snatched her from her sorrowing husband and children, and from a wide circle of affectionate and devoted friends, for she was one who drew to her all kindly feeling and sympathies. Gentle, amiable, and affectionate, the best of wives and mothers, she was not only the sunshine of her home but the beneficent providence of many outside of it. She was a true Christian in the best sense of the word; devoted to her duties, her charities, and her God. Swiftly as death came, it did not find her unprepared; it could not take unawares one whose whole life had been the best possible preparation for that solemn moment. Like the beauteous flowers that were laid by living hands in such exquisite profusion upon her bier, the tender memories of her daily life remain to shed a lingering sweetness and a hallowed beauty above her grave.

To the bereaved ones who mourn a devoted wife, a helpmeet in the highest sense of the term, and a tender and loving mother, nothing can be said. Time alone, the great consoler, must bring them a tardy respite from their present anguish. Yet to them there must be healing in the thought that she alone in all that stricken home has known no suffering. She was spared the bitter anticipation of death, the sharp pang of approaching dissolution. She closed her eyes and slept, and her awakening was in heaven."

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DR. R. R. ROBINSON, a prominent citizen of Danville, Va., died on the 21st ultimo, of typho malarial fever, aged forty-seven years. He enjoyed, to a high degree, the confidence and esteem of the community in which he lived.

Dr. Adam E. Wright, a well known physician of Wilmington, N. C., died on the 14th of July. Agreeable in conversation, of generous impulses, and warm and affectionate in his friendships, he was esteemed, respected and loved by all who came within the sphere of his influence.

He was born about the year 1833, graduated at Chapel Hill in the class of 1853, and at the Medical University of New York in 1859, served in the Medical Department during the war, and afterwards returned to practice his profession at Wilmington. He was stricken with paralysis near a year since, and although he recovered measurably, yet he has never been himself since that unfortunate occurrence.

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Dr. Joseph W. Smith, of Petersburg, Va., died on the 6th, ultimo. In the death of Dr. Smith the community of Petersburg have lost a valuable and useful citizen. The poor of the city a friend, who never failed to respond to the calls for sympathy and aid. The Medical Faculty a member whose professional zeal and indomitable industry won for him—under great difficulties of bodily infirmity—a reputation which will be long cherished and his family a head, ever kind, considerate and loving.

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Dr. Pierre Adolphe Piorry, of Paris, one of the oldest and most remarkable characters of the medical profession of the present century, died on the 29th of May,

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The death of Dr. Tilbury Fox, in Paris, adds another to the long list of distinguished men who have been called from the scenes of their usefulness in the past few months.

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Dr. James M. Youngblood, of St. Louis, died June 24th, aged 45 years. He stood deservedly high in his profession, and died regretted by all who knew him.

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Dr. T. H. Means, an excellent young physician of Charlotte, N. C., died during last month.

## MISCELLANY.

On Villous Disease of the Bladder.—An article on this rare disease is contributed to the Dublin *Medical Journal*, by Dr. R. S. Hudson. His conclusions are :—

1. Villous disease of the bladder is not so rare as is generally supposed, many so-called cases of chronic cystitis being probably due to it.

2. Its diagnosis is most difficult, and can only be arrived at after long observation and by a process of exclusion.

3. Urinary deposits containing so-called cancer cells are very misleading; but the microscope is most valuable in detecting small portions of genuine villous growth.

4. There should be no difficulty in detecting the growths in the female, as the whole internal surface of the female bladder can be readily explored with the finger after rapid dilatation of the urethra, when under the influence of an anæsthetic.

5. Astringent injections are likely to be of use in the early stages, and before the growths have become pedunculated.

6. The surgeon, while unsparing in the use of sedatives to relieve pain and spasm, should bear in mind the possibility of permanent cure by removal of the growth.

7. Statistics show that the operation is neither difficult nor dangerous in the female; and there are good grounds for believing that when preceded by cystotomy in the adult male it will prove justifiable and satisfactory.

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The Use of the Forceps.—Regarding expectancy, ergot, the lever and uterine compression as the alternative of the forceps, the Obstetrical Society of London recently stated the following general propositions for consideration:—

1. In lingering labor, when the head is arrested in the pelvic cavity, the forceps will almost always be better than its alternatives. 2. In lingering labor, when the head is engaged in the pelvic brim, and where it is known that the pelvis is well formed and the head normal, the forceps will be generally better than its alternatives. 3. In lingering labor, where the head is resting on the pelvic brim, the liquor amnii discharged, and it is known that there is no disproportion, or

only a minor degree of disproportion, even although the cervix uteri is not fully dilated, the forceps will generally be better than its alternatives. 4. In proportion as the head is high in the pelvis, in the brim, or above the brim, the utility, and the safety of the forceps become less frequent. 5. As a corollary under the conditions of the preceding proposition, increasing caution is called for in determining on the use of the forceps, and greater skill in carrying out the operation.

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Dr. W. D. O'Brien, in *Medical and Surgical Reporter* July 19th, suggests the following procedure for the treatment of Inverted Toe Nail:—Introduce the point of the scalpel alongside and close to the root of the nail, transfix the soft parts and cut forward, keeping the knife parallel with the side of the nail, until it passes out at the end of the toe. Now seize the end of the flap thus formed with a small pair of forceps; reverse the end of the scalpel, introduce it in the wound at point of starting, and cut obliquely backward and inward (or onward, as the case may be), until the flap is removed, thus taking away the soft parts on the affected side. Dress the wound in the ordinary manner, instruct your patient to keep his nail properly cut, and not to wear a narrow-toed boot, and in a short time the cure will be effected. As the cicatrix forms it tends to retract the tissues from under the edge of the nail, thus overcoming in a measure the tendency to a recurrence of the trouble. An anæsthetic may or may not be used during the operation, as the courage of the patient and judgment of the surgeon may direct.

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The Electric Light.—Professor Cohn of Breslau has been lately making experiments with the electric light on the eyes of a number of persons, for the purpose of testing its influence on visual perception and the sensation of color. He has found that letters, spots and colors are perceived at a much greater distance through the medium of electric light than by day or by gaslight. The sensation of yellow was increased sixty-fold, compared to daylight; of red, six-fold; and of green and blue about two-fold. Eyes that could only with difficulty percieve and distinguish colors by daylight or gaslight were much aided by the electric light, and the visual perception were also much strengthened. Professor Cohn concludes from this fact that electric light would prove exceedingly useful in places where it is de-

sirable that signals should be seen at a great distance. The engine used was Gramme's electro-magnetic apparatus, which rotates six hundred times in a minute.

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THE QUESTION OF TYING THE CORD.—The *Annales de Gynecologie*, for February, 1879, contain a paper on this subject, by Dr. Alban Riebemont.—He sums up his paper as follows:

1. By ligating the cord late the infantile circulation receives on an average an addition of 92 grams of blood (Budin).

2. This blood, which is contaiued in the placental vessel, is most necesaary for the full establishment of the infantile circulation.

3. The blood is drawn into the infantile circulation chiefly by the suction power exerted by the expansion of the chest walls (Budin), the pressure exerted by the uterus on the placenta (Schücking, Porak) having no considerable effect.

4. In cases of asphyxia, where the child has a bluish hue, the cord ought not immediately to be tied, nor should any hemorrhage be permitted from its fœtal extremity.

5. Ligating the cord late does not expose the child to the smallest immediate or ulterior danger.

6. The infant is thereby placed in the most advantageous circumstances possible for its development; it loses less weight and regains what it has lost both sooner and quicker than if the ligature be made immediately,

7. The expulsion of the placenta is thereby rendered easier, and there is less resistance offering to its escaping through the cervix (Budin, Schücking).

8. He agrees with Hoffmeier, Nweifel, Schücking and Budin. that the cord should not be tied till the pulsation in it has entirely ceased.

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USE OF CROTON-CHLORAL.—At a late meeting of the Boston Society for Medical Observation, Dr. H. I. Bowditch reported a case of facial neuralgia which had been relieved in a decided manner and without any unpleasant effect, by three five-grain doses of croton-chloral, after all other drugs had failed to give relief. Dr. Williams stated that he had often used it with advantage instead of opium, after operations about the eye. The chloral had no unpleasant effect, and he thought it safer. Dr. J. O. Green remarked that he had used this drug at the City Hospital, in cases of neuralgia of the head, and had obtained a wonderful effect in one case.

Flowers of the Meadow-sweet in Acute Rheumatism.—Other of the salicylic compounds besides salicin and salicylic acid are available in acute rheumatism, and may prove of service. To only one of these would I now direct attention. Growing abundantly during the summer in our meadows, and by the sides of streams and ditches, is found the common meadow sweet, the spiræ ulmaria. The flowers of this plant contain a peculiar oil called oleum spirææ. This oil is salicylous acid. It is a slightly-colored mobile liquid. Taken alone or dissolved in spirit, it has a hot, pungent taste. Like salicylic acid, it causes some irritation of the throat when swallowed. From the few observations which I have made, I am disposed to think that an infusion of the flowers of the meadow sweet may prove a serviceable remedy in rheumatism. As the plant will soon be in flower, I throw out the suggestion now in the hope that those who have the opportunity to do so may test its efficacy.—Dr. Maclagan, in *London Lancet.*

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Poisoning by Carbolic Acid.—In the *Boston Med. & Surg. Journal,* June 5, is reported the case of a woman who swallowed by mistake half an ounce of liquified carbolic acid. Great excitement followed immediately, and she soon became unconscious. The jaws were closed, pupils contracted, pulse feeble. Consciousness returned in six or seven hours. She had a burning sensation at the stomach, with vomiting and soreness of the throat and humid perspiration. In three days she began to improve, but four weeks elapsed before she relished food and recovered her strength. The treatment consisted mainly in the internal use of milk, white of eggs, brandy, etc., and the hypodermic use of morphia.

We have recently had a patient who made a similar mistake, but before swallowing the acid discovered his error and spit it out. The caustic effect on his mouth and fauces was not only very severe, but for some hours threatened serious results.

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Calomel in Eczematous Affections.—Dr. H. E. Dykeman highly recommends the following in indoleut secondary syphilis, particularly when cartilaginous regions are attacked in eczematous affections, and in pruritis vulvæ:

| | | |
|---|---|---|
| ℞. | Hydrarg. chlorid. mit. | grs. xxx. |
| | Adipis. | ℥ i. |
| | M. | |

THE METRIC SYSTEM.—Dr. Edward Wigglesworth, of Boston, is warming up considerably on the metric system. He is beginning to abuse the people in good set terms about their hesitation in the matter. Hear the way he closes his last manifesto:—

"We need a benevolent despot who would compel the use of the Metric System here after a fixed day. After a week, no one would have any more trouble; after a month people would wonder how they could ever have used anything else, the labor of learning is so slight, the gain immense,

"All the poor peasants of Europe, the lowest classes of 'effete despotisms,' etc., have been able to adopt it at once, and yet Americans, self-ruling, are really too lazy, while merely claiming to be too stupid so to do. Shame on a country which 'to party gives up what was meant for mankind."

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A NEW METHOD FOR CUPPING EXTEMPORE.—The following practical advice is taken from an Italian journal, by the London *Medical Record:* Take a piece of common paper, of the size of the opening of the cupping glass, and dip it into warm water before applying it. The paper being damp, the skin is kept cool, and prevents, by the evaporation of the water, the too extensive spreading of the vacuum. If the same piece of paper be used twice, it must be dipped in water before the second application. As far as the cupping-glasses are concerned, a large number of household articles which can be had everywhere, such as tumblers, jam-pots, etc., may take their place, if the paper be applied to them in the way we have described. Half a dozen similar recipients, which are from three to five inches deep and wide, if applied at once, and the vacuum renewed every two or three minutes, will, in about a quarter of an hour, produce a most prodigious effect.

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ERGOTINE FOR NEURALGIA.—Marino recommends the following solution as a hypodermic injection in neuralgia: ℞. Ergotine, gr. ijss-iv; distilled water or glycerine, q. s.; made into a solution for one injection. It causes a more or less intense burning sensation, which disappears in about half an hour, if the part is covered with cold, wet compresses. It does not usually give rise to abscesses, erisipelas, etc. A single or at most two injections may suffice for a cure, although it is better to give from four to six.

PREVENTION OF CONCEPTION—A NEW PROCESS.—In Germany, a new operation is proposed on the female genital organs to prevent conception by women who may transmit phthisis or other hereditary disease to their offspring. For this purpose, by means of the galvano-cautery applied in the neighborhood of the orifice of the fallopian tube, inflammation is set up, the consequence of which is the occlusion of this opening, which prevents the ovum at the moment of coition from coming in contact with the spermatic fluid. But christian physicians ought to reject with indignation this immoral procedure, which would introduce a new sort of onanism, even within the sacred bounds of marriage.—*L'Abeille Medicale.*

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A NEW INSECT-POWDER.—The wild rosemary (*Ledum palustre*) is said to be a first-rate plant for the destruction of all kinds of annoying insects, and may be usefully employed as a substitute for pyrethrum or "Persian insect powder." It can be used dried and pulverized, or used fresh. The tincture readily relieves the itching from bites of gnats and mosquitoes. Glycerine added to the tincture, and rubbed on the hands and skin, is a protection The plant grows wild in Europe and the northern part of America, and may be obtained at less cost than the pyrethrum.—*Druggists' Circular.*

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WORMS.—The characteristics of the different kinds of worms are: For thread worms, quarter of an inch long, very common; habitat, cæcum, whole length of colon and rectum: often comes away in masses—itching of the anus. For round worms, tenesmus and vertigo. For tapeworm, abdominal pain, gnawing in character, with some swelling about the umbilicus. These form the more special diagnostic symptoms. Others, such as diarrhœa of a dysenteric kind, with much tenesmus; frequent, painful, and involuntary micturition; obstinate leucorrhœa, convulsions, vertigo, actual syncope, perversion of sight, sometimes temporary blindness, strabismus, etc.

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FRECKLES.—Take of finely-powdered sulphophenate of zinc, one part; oil of lemon, one part; pure alcohol, five parts; collodion, forty-five parts. Mix well together by trituration. This has been found efficacious as a local application against freckles and other slight skin diseases.—*Pharmaceut. Zeitung fur Ruos.*

Is Phthisis Contagious?—Dr. Wm. Porter, of St. Louis, propounds the following questions, to which he invites answers from all sources:—

1. Do you believe that phthisis is in any sense or degree contagious?

2. Upon what practical evidence do you found your belief?

3. Please state the principal features of the cases you have observed which have direct bearing upon the theory.

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Cholera Infantum.—Dr. Goldsmith, of Louisville, gives one-twelfth of a grain of calomel every half hour, and iced egg-water. He also gives quinine by inunction. In the debility that follows, he thinks raw beef an important article of diet.—*Medical Herald.*

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Sweating Hands.—The affected surfaces may be painted with the tincture of belladonna, or, in certain cases, the ointment may be used. Painting of the tincture about the wrists in the form of a "bracelet" has proved successful in some cases.

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The Transactions, of Youngstown, Ohio, for July, contains reports of two unique cases. One of rupture of the colon, the other of rupture of the small intestines, in neither of which were any external signs of violence observable. Post mortem examinations explained the cause of death.

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Dr. W. Thornton Parker, of Lenox, Mass., has devised a new vaginal and rectal syringe. It is made of rubber with perfectly flexible tubes, with perforations for a distance of nearly nine inches from the end, and no terminal orifice.

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Dr. W. O. Roberts, of Louisville, mentions a register of 112° F., in a case of sunstroke, and thinks a higher temperature would have been shown had the thermometer been of higher register.

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Dr Chas. W. Schœnemann, in July number *Pacific Medical and Surgical Journal*, claims that quinine will cut short the paroxysms gout, as it does those of intermittent fever.

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## ORIGINAL PAPERS.

# DIAGNOSTIC DIFFERENCES BETWEEN CHANCRE AND CHANCROID.

BY PROF. T. G. RICHARDSON, M. D., NEW ORLEANS, LA.

*Read before the Orleans Parish Medical Society.*

Such is the conservatism of all truly philosophic investigators in medicine, as well as in other departments of scientific research, that notwithstanding the great advance made within the past century in the diagnosis, pathology and treatment of nearly all diseases, the influence of great names in the perpetuation of error is still strongly felt by all who propose a new departure. The justly renowned John Hunter, the acknowledged English authority, not only in surgery, but also in general pathology during the last quarter of the last, and nearly the first half of the present century, pronounced all venereal diseases to be dependent upon one and the same exciting cause. He proved to his own satisfaction and that of the rest of the world, that gonorrhœa, soft chancre (or as we now call it chancroid) and syphilis were essentially identical, and the apparent differences resulting from their introduction into the human system were due to the mode of contagion, the tissues involved, and the peculiar state of the constitution of the patient. Strange as it may seem to us of the present day, this opinion prevailed to a large extent throughout England and this country until comparatively modern times, and resulted, as may be readily conceived, in plans of treatment as often disastrous to the patient as to the disease.

Scarcely had gonorrhœa been detached from this alliance, and proved to be a local inflammation, having, a definite history and amenable to non-specific remedies, than it was hinted by the French pathologists, that by pressing the wedge of investigation still farther another rupture might possibly be effected ; that what was termed soft or simple chancre, might be separated from its only remaining associate, and each made to stand upon its own individual foundation. I need scarcely say that what was only a suggestion thirty or thirty-five years ago is now an accomplished fact ; that chancroid (soft chancre) and syphilis are now recognized by the great majority of surgeons and pathologists as totally distinct affections, having separate histories, productive of entirely different effects upon the human system, and demanding for their relief modes of treatment almost diametrically opposed the one to the other. I do not mean to imply that this "dual doctrine," as it is sometimes called, though based upon rigid observation and experiment made in all the great centres of medical learning, has no opponents. On the contrary, the influence of the great men who are now passing away, and who have not abandoned the views which formerly prevailed, is still felt at the circumference of the profession, and will continue to exert itself until the text-books on medicine and surgery commonly recommended to medical students have been revised, or a new series introduced. Indeed, judging from what I almost daily hear from patients as to their previous treatment, I am warranted in the belief, that comparatively few general practitioners have had their attention particularly directed to the diseases in question, and are not therefore fully informed as to the true position which has been reached, and the great practical importance of the points which have been established. I would not have it thought that I am over-credulous of the stories which many patients indulge in with reference to their medical advisers (whom in nine cases out of ten, they have deserted without settling their just accounts), but when I ascertain either by examination or questioning that in a case of ulcer upon the genital organs, mercurial remedies have been employed steadily for a longer or shorter time with the view to ptyalism, I cannot be mistaken as to the pathologica

ideas held by the prescriber, and am therefore entitled to draw my own private inference as to his acquirements and practical sense. As the matter now stands, I do not hesitate to declare that the physician who undertakes to treat these diseases without a clear understanding of their radical pathological and therapeutical differences is criminally responsible for the sad mistakes he is sure to make.

Asking your pardon for these prefatory remarks, I now proceed to the consideration of the special question selected for discussion this evening, which I understand to be the etiological, clinical and pathological resemblances and differences between chancroid and the initiatory stage of syphilis known as chancre. For the purpose of bringing the subject clearly and concisely before the Society, I shall present it in the form of a series of dogmatic statements with the hope that these may be freely criticised by all whose observations and deductions differ in any manner from my own.

I. POINTS OF RESEMBLANCE IN CHANCROID AND ACQUIRED SYPHILIS.

1. Both are infectious diseases, the result of local contagion, and present themselves primarily as sores which secrete a poison similar to that by which they have been produced.

2. The primary sores occur only at such points where the virus has been brought into contact with the sub-cuticular layer of the skin or mucous membrane.

3. Both are most commonly propagated by sexual intercourse, hence the greater frequency of the primary sores upon the genital organs. Any portion of the cutaneous or mucous surfaces may, however, become the seat of either of the two diseases when the conditions mentioned in the preceding proposition exist, as is sometimes witnessed in the case of dressers and surgeons who become accidentally inoculated in the performance of their duties by means of minute sores, abrasions or wounds upon their fingers.

4. In both affections the primary ulcers are liable to assume different phases of action, such as the phagadenic, serpiginous and gangrenous.

In these four particulars the two diseases often present a very

strong likeness, which for the moment may occasionally lead even a very skilful surgeon to reserve his diagnosis. The distinctions however, a brief synopsis of which I will now present, are usually sufficiently well marked to justify an early if not an immediate decision.

II. POINTS OF DISTINCTION BETWEEN CHANCROID AND ACQUIRED SYPHILIS.

1. *a.* In chancroid there is scarcely an appreciable period of incubation. When the virus has been brought into contact with a cutaneous or mucous surface from which the cuticle has been removed, within a very few hours thereafter a running sore is produced whose secretion possesses the same infectious quality as that from which the inoculated poison was derived. The rapidity of the effect is somewhat moderated when the virus has been inserted beneath the cuticle by means of a lancet or other sharp pointed instrument, or has become imprisoned in like manner by a slight rupture of the cuticle which closed immediately as often occurs in coition. In such cases a small papule is developed within twenty-four or forty-eight hours which soon becomes a pustule terminating in a day or two in a defined suppurating sore.

*b.* Syphilitic, like vaccine virus, produces no apparent effect for several days after contact, and the primary sore (to which the name *chancre* should be strictly limited) does not ordinarily attain its full development in less than three and sometimes in less than four weeks. This fact has been conclusively proven not only by clinical experience but by experimental inoculation.

2. *a.* Chancroid, in its formation and progress, is nearly always accompanied by heat, pain, redness and swelling. It thus declares its presence unmistakably to the patient, and compels him to seek relief.

*b.* Chancre is seldom attended by any inflammatory symptoms, and sometimes reaches its maturity without having attracted the attention of its victim.

3. *a.* Chancroid is very commonly multiple, the sores numbering from two to as many as six or eight. This multiplicity may result from as many consentaneous inoculations, but more likely

from rapid propagation from one or two original sores. In the latter case the abrasion of the cuticle necessary to effect the result is usually produced by the inflammation excited in the surrounding parts by constant contact with the irritating purulent secretion, and also not rarely by scratching and frictions on the part of the patient.

*b.* Chancre is nearly always single, and seldom or never duplicates itself by subsequent contamination of the adjacent surfaces. When double, as has been occasionally observed, inoculation of the two points must have occurred simultaneously or within two or three days of each other.

4. *a.* The virus of chancroid, as may be inferred from what has been just stated, is auto-inoculable. The purulent secretion furnished by the sore during its active stage and up to within a very short time of its complete cicatrization is capable, either by accidental or experimental inoculation, of producing any number of similar sores in the same individual.

*b.* The secretion of chancre when brought into contact with an abraded surface or introduced beneath the cuticle of the individual in whom the primary sore exists, produces either no effect or else a very greatly modified sore possessing no power of infection so far as has been ascertained.

5. *a.* Chancroid varies in size from a line to an inch or more in diameter, has usually clearly defined edges, a surrounding inflammatory areola and a slightly depressed angry-looking surface. Its secretion is abundant and purulent, varying in its consistency, but often presenting the physical qualities of laudable pus. It is essentially a *wet* sore, and the adjacent surface for a considerable distance is kept continually bathed in the foul discharge.

*b.* The ulcerated surface of chancre is not often larger than three or four lines in diameter, but is frequently smaller, has sloping edges, no inflammatory areola, and except when irritated by injury or other accidental cause, or by the application of stimulating substances, or unless phagadenic in its character, furnishes a very meagre amount of sero-purulent secretion. It is, comparatively, a *dry* sore, but the secretion slight as it is, is

capable of doing an amount of damage that is truly appalling.

6. *a.* Chancroid is usually superficial, and unaccompanied by decided thickening or hardening of the surrounding or subjacent tissues. Hence it was formerly and is still called by some writers *soft chancre.* This characteristic is, however, frequently lost by the application of escharotics.

*b.* Chancre is generally distinguished by a remarkable thickening and induration of the tissues beneath and around the ulcerated surface. This may be easily determined by lightly grasping the parts between the finger and the thumb, when the sensation imparted will be like that of a disc of india rubber beneath the skin or mucous membrane. At other times, however, the circumferential hardening is not well marked, although it is probably never altogether absent. This difference in degree should be always borne in mind in making a diagnosis, and the value of the system as a characteristic estimated accordingly.

7. *a.* Chancroid nearly always shows a tendency to spread, and sometimes attains to a very large size in a few days.

*b.* Chancre is indolent and frequently remains unchanged in dimension or otherwise for several weeks.

8. *a.* Chancroid is frequently productive of bubo, but this is not a necessary result, and should be looked upon rather in the light of an accident. When present, it is ordinarily limited to the lymphatic gangliæ nearest the sore, but the imflammation may spread to other ganglia upon the route of the lymphatic vessels leading from the spot, and thus give rise to a polyganglionic swelling. The bubo of chancroid is commonly accompanied by acute inflammation, which results in the formation of a collection of pus possessing the same infectious quality as that of the original ulcer. In such cases the virus seems to be carried from the chancroid by the lymphatic vessels and lodged in the *rete* of the ganglion, where it excites suppurative action. In other instances where suppuration does not take place, the probability is that the swelling is due to a simple extension of the inflammation along the lymphatic vessels, as is often observed in connection with non-specific ulcerations.

*b.* In chancre there is always enlargement of a number of the

adjacent lymphatic ganglia, unaccompanied by pain or other marked symptoms of acute inflammation, and possessing little or no tendency to suppurate. When the primary sore is seated upon the genital organs all the ganglia of the upper inguinal group upon each side are usually affected. Suppuration occasionally occurs in consequence of external injury or of a depraved state of the system, but this is rare.

9. *a.* Chancroid is not succeeded by discolorations of and eruptions upon the skin and mucous membranes, ulcerations of the throat, falling of the hair, specific inflammations of the deeper tissues or other symptoms of constitutional infection.

*b.* Chancre when left to itself is invariably followed by cutaneous and mucous eruptions, ulcerations in different parts of the body, deep seated inflammation, morbid deposits in various tissues and organs, and numerous other effects which characterize it as one of the most penetrating and dreadful constitutional diseases to which the human body is liable. Superadded to the power of producing these dreadful consequences in its original victim, it possesses the quality of heredity in a marked degree, and thus the sins of the parent are visited upon the children throughout several generations.

10. *a.* As chancroid is not a constitutional disease it is in no degree protective. On the contrary it may repeat itself an indefinite number of times in the same individual when the latter is exposed to the exciting cause.

*b.* Chancre is as strictly constitutional as the vaccine pustule, and like the latter so modifies the system that no new infection possessing the true characteristics like the original can be produced.

11. *a.* Chancroid is not arrested or moderated, but often powerfully aided in its destructive action by mercurialization or iodism.

*b.* Chancre is frequently cured and its secondary results prevented by the judicious administration of mercury. When the infection has reached the secondary and tertiary stages mercury and iodine *when properly employed* are truly antidotal.—New Orleans *Medical and Surgical Journal*, August.

# ON SOME OF THE SURGICAL USES OF ELASTIC COMPRESSION.

BY DR. J. C. OGILVIE WILL, SURGEON TO THE ABERDEEN ROYAL INFIRMARY.

Before entering upon a review of the affections in which elastic compression has been found useful, I shall first direct attention to the nature of the appliances used in carrying out this plan of treatment, and with this view I now pass round for your inspection two bandages somewhat dissimilar in appearance, but which both owe their remedial properties to the presence of the same material—india-rubber—while they also act in a precisely similar manner, the use of either being determined by the presence or absence of certain conditions, of which notice will be taken in due course.

The first bandage is that known as the "Strong elastic bandage," which Dr. Martin, its inventor, thus describes:—The material of which it is made is what is technically called "pure rubber." Its length is 10½ feet, width 3 inches, and thickness of No. 21 of "Stubb's wire gauze." Into one end a piece of strong linen cloth is inserted, and to this is attached a stout double tape 18 inches long. Bandages of greater length and width are occasionally required, but the dimensions given are those of the bandage which will be found most generally applicable. The surface of the bandage is extremely soft and smooth, and its edges perfectly even, so that there is no risk of its tearing, which it would do very readily if the slightest notch were present. If made of the best Para rubber, prepared with the minimum of sulphur and heat needed to effect "curing" of the gum, a bandage will not only last for a very long period, but will be found to improve in appearance as it loses the sulphur employed in its preparation. The durability of the bandage is matter of some moment, as the cost of a single one of the size mentioned is ten shillings.

The other bandage is an elastic web one, which we owe to Professor Lister, who introduced it some years since, and who

applies it over the edges of antiseptic dressings to prevent their shifting, a purpose for which, I feel assured, all who have tried it will agree with me in regarding it as simply invaluable. As its name and appearance explain sufficiently well its nature, I need not occupy time in describing it. It can be obtained of any length and width desired—the price is about one shilling per yard.

Having described the bandages, I now pass to their uses and modes of application.

The first class of cases deserving of notice in which Martin's bandage may be used with undoubted advantage is ulcers of the legs, including those dependent upon a varicose condition of the superficial veins, the treatment of which by any means short of prolonged and absolute rest in the recumbent posture is of little avail, while their proneness to return soon after the erect posture is assumed is a matter of everyday experience ; but by the proper and systematic use of the strong elastic bandage, a cure may be effected in a comparatively short space of time, and that. too, while the patient pursues his usual avocation, " without " as Dr. Martin says, " the necessity of an hour's rest or change of posture," and re-ulceration may be surely prevented by continuing the use of the bandage, by which the occurrence of venous stasis and its accompanying evils may be averted.

During the past twenty-five years Dr. Martin has treated at least six or seven hundred cases of ulcerated legs in this manner, " and all, without exception, have been perfectly and absolutely cured." But lest this statement may lead any one to suppose that the bandage alone may be relied on for the cure of all ulcers, even those arising from constitutional dyscrasia, it must be understood that Dr. Martin distinctly excludes syphilitic and scrofulous sores, saying that, although often proving a very useful adjunct treatment, the bandage alone is not sufficient, appropriate internal medication being required before resolution can be effected.

The treatment of ulcers by Dr. Martin's method, although only recently introduced into this country, has attracted considerable attention, and its usefulness has already been attested

by two very competent and trustworthy observers, Mr. Jonathan Hutchinson, of the London Hospital, and Mr. Callander, of St. Bartholomew's, and my own comparatively slight experience of it is of such a character as to convince me of its utility, and to encourage me in continuing it.

As an illustration of the good effects of the mode of treatment under notice, I bring before you a patient who became an inmate of one of my female wards three weeks ago. When admitted she was suffering from a varicose ulcer of the leg. The ulcer was about two and a half inches in length, and one and a quarter in breadth; its surface was covered by the usual unhealthy-looking greyish granulations, and it was surrounded by a wide halo of inflamed skin. On 16th October a strong elastic bandage was applied. Two days afterwards the ulcer was found to be diminished in size, a distinct rim of new epidermis having invaded the ulcerated surface. In twelve days' time it was half healed, and now—exactly three weeks since treatment was commenced it is all but whole. The little spot that still remains uncovered by epithelium is as healthy-looking as could be desired, and the inflammatory redness has completely disappeared. This patient had previously suffered from varicose ulcer, on that occasion she was an inmate of an hospital for two months, and was confined to bed for nearly the whole of that period. The case is therefore a striking and convincing one, and so satisfied is she with the mode of treatment adopted on the present occasion, and with the comfort afforded by the bandage, that she has purchased one for future use. The directions given as to the manner of applying the bandage are as follows:—The patient should put it on while in bed before the veins of the leg become distended with blood, which they do immediately after the erect posture is assumed. The bandage should be applied by winding one turn just above the malleoli, then one round the instep and sole, then up the leg, spirally, round and round, to the knee. each turn overlapping that below it from one-half to three-quarters of an inch. If there is any redundant bandage it can be wound round the leg below the knee, the tapes carried in different directions, and tied. It should be applied with just sufficient snugness not to slip down. The

moment after the foot is put to the ground, the limb is so increased in bulk by the increase of blood in its veins that the bandage becomes of precisely the proper degree of tightness, and, no matter how active the exercise or labour of the patient, it will remain in position all day. When the patient undresses at night the bandage is to be removed, and the limb wiped dry ; a piece of soft old linen moistened with olive-oil, or some equally simple dressing, laid on the ulcer, and retained in place by a few turns of an ordinary roller. The bandage should be sponged with water (cold will do, but warm is better), and hung over a line to dry, in readiness for the morning, or it can be wiped dry at once, and rolled up, with the tapes in the centre. In the morning the leg should be washed, and all traces of oil or cerate should be carefully wiped away, as contact with any fatty matter would tend to injure the rubber of which the bandage is made. The use of stimulant or antiseptic applications is uncalled for; therefore the treatment is of so simple a character that it can be easily carried out by even the most ignorant patient without the aid of medical supervision. When giving instructions regarding the proper mode of applying the bandage, the patient should be told that during the first week or two an eruption will probably appear about the parts, but that no treatment is required, as it will disappear spontaneously. The curative effects of the bandage in cases of varicose ulcer may be ascribed to the support afforded to the veins, the destruction of their valves, and the loss of contractile power of their coats being compensated for by the regular elastic support which it affords,—to the absorption of the products of inflammation being induced by the constant pressure it exerts, while granulation growth is favoured by the moist, humid atmosphere to which the ulcer is constantly exposed, the granulations, and tender young epithelium, being at the same time protected from external injury by the soft and regular surface of the rubber.

Dr. Martin speaks favourably of the use of the bandage in the treatment of varices of the legs unaccompanied by ulcers, and advances the opinion that it will not only prove palliative in such cases, but that a cure may be achieved ; on this latter point, how-

ever, the evidence he adduces is very meagre. Of its palliative influence, and of its great superiority over the elastic stockings in common use, I have myself had striking and convincing proofs. Regarding its curative effects, I am as yet unable to supply any data, but keeping the pathology of the affection in view, I feel somewhat inclined to doubt the possibility of a real and permanent cure ever being attained without having recourse to operative procedures.

Before leaving this part of the subject, I would point out that the elastic web bandage is not only equally suitable for the treatment of varices unaccompanied by ulceration, but that it seems to me to be preferable to Martin's bandage, for, on account of the openness of its texture, free circulation of air about the parts is allowed, and thus the occurrence of any irritation arising from confined perspiration is avoided, while the appearance of the web bandage renders its use more acceptable to fastidious patients than that of the somewhat clumsy-looking india-rubber one is likely to do. For those to whom expense is an object, Martin's bandage should be ordered, for although its original cost is somewhat greater, ultimately it is really cheaper, as it lasts for an indefinite period, while the web bandage gradually loses its elasticity, becoming less and less elastic after each occasion on which it is washed. An Esmarch's bandage would undoubtedly be more elegant than either of those mentioned, but it would be found by far too expensive for general use.

The second class of diseases in which elastic compression will be found of value is a very important one—viz., affections of joints, including, among others, tumour albus, or gelatinous transmutation of synovial membrane, effusion into joints, and sprains. In the first mentioned—white swelling—I have found elastic compression invaluable, and I firmly believe that in the web or rubber bandage we possess a means of treatment capable of effecting more good than any of the modes yet devised, and that results may now be obtained which, before the introduction of elastic bandages, would have been deemed impossible. In the commencement of this paper I mentioned that, for some time previous to the publication of Dr. Martin's paper, I had

been employing elastic bandages in the treatment of disease, and it was in cases of this kind that I first used them, the results obtained being of a most satisfactory and unlooked for character.

It is unnecessary to occupy time with details, but I may mention that two of the cases were recently in Martha's ward, and that their steady progress was watched with much interest, and evident satisfaction, by a large number of students, and by several practitioners, who from time to time accompanied me during my visits. Ultimately I had the pleasure of directing attention to the fact, that, by the systematic use of elastic pressure, the abnormal appearance had been entirely dissipated, and that the previously affected joints were now as sound as their fellows. Both cases were well-marked examples of pulpy degeneration affecting the knee-joint; in one the disease had existed for years, during which the child had been subjected to various modes of treatment, but without any good resulting, and so obstinate had the disease proved that operative treatment, at no distant date, had been held out to the parents as the only means by which there was any hope of the child being restored to health and ultimate usefulness. The time occupied by treatment was of considerable duration, still the results amply repaid the exercise of patience on the part of both patient and surgeon. The bandage used was the elastic web one—and here it seems to me to be more suitable than the other, as it can be applied with greater nicety to the unequal surface which it has to embrace; and as it should be worn constantly both during day and night the free circulation of air allowed by the open texture of the bandage is a decided and evident advantage.

Dr. Martin does not seem to have made use of his bandage in the disease just mentioned, but he has employed it with manifest success in cases of effusion into joints, where I have myself found elastic compression most useful. In chronic cases he advises aspiration, followed by the application of his bandage; in recent cases the bandage alone suffices. Regarding the combined use of aspiration and compression, he says, "I have never known a case in which this was done where effusion returned;" and conversely "I have never known a case where such a joint was

aspirated, and no such support afterwards applied, in which effusion did not return, whether the synovitis was the result of injury or of disease."

After aspiration the bandage should be worn *continuously*, both day and night, for at least six weeks, but rest need only be prescribed for the two or three days, after which the patient may resume his avocations with perfect safety, re effusion being prevented by the firm pressure exerted by the elastic covering in which the joint is encased. If the bandage be removed for but a single day—especially during the early part of the treatment—the synovial sac may again become distended with fluid, therefore strict injunctions for its constant use should be given, and the patient should be warned of the probable undesirable effects which may follow the disuse of the appliance for even so short a period as twenty-four hours.

In sprains the use of the bandage will at once recommend itself to all, for the employment of elastic compression and support in cases of the kind is as sound in theory as experience has proved it to be in practice. In what is known in common parlance as a sprain there is generally rupture in a greater or lesser degree of some of the ligaments, attended by extravasation of blood, and followed by exudation of inflammatory products; and no better substitute for the torn ligaments could be found than that supplied by an elastic bandage, and no more potent method could be devised for the prevention of undue effusion, or for setting up its absorption, than the gentle, yet continuous, compression which it affords.

The so-called antiphlogistic treatment of sprains by leeches fomentations, and lotions, has for the most part been replaced by the more rational one of pressure and immobilization from the first, while the correctness of Velpeau's statement that "compression is the sovereign resolvent in contusions with infiltration and swelling," is univerally allowed. Many excellent methods of treating sprains on this principle have been suggested, such as the strapping system advocated by Baynton, the immovable apparatus of Seutin, and the cotton-wool dressing, the paste-board splints, and accurate bandaging of Sampson Gamgee; but the

elastic bandage seems to me to be possessed of advantages peculiar to itself—advantages of no small moment to both patient and surgeon—for suffering is lessened, a more certain and speedy cure is effected, and the means by which such desirable results may be obtained are of the simplest possible description. The firm support afforded by several folds of the strong elastic bandage is as efficient in maintaining physiological rest of the wounded part as splints or fixed bandages, while the *bete noire* of this latter mode, viz., the remodelling of splints, and the removal and replacement of stiff bandages, necessitated by the gradual shrinkage of the limb as absorption goes on, is avoided, for the elastic bandage contracts as swelling diminishes, and even if it has to be reapplied it is only the work of a few minutes, and thus the time and trouble involved are much lessened.

Moreover, absolute fixation of joints by stiff bandages is not unfrequently attended by most undesirable sequelæ, for, as Martin remarks, it is "very apt to lead to a very decided stiffening, sometimes to a degree permanently impairing the usefulness of the articulation, and nearly approaching anchylosis;" but when the elastic bandage is applied in such a manner as to act as a firm, strong, constantly resisting force, by which distortion of the part is prevented; while it still permits the natural motion of the part to an extent sufficient to render the occurrence of subsequent stiffness of the articulation extremely improbable.

When using the bandage in the affection now under notice, "the one thing to be borne in mind," says Martin, "is that the bandage is a temporary substitute for the injured ligament or ligaments, to take the place of them, and so permit them to have that undisturbed rest which is absolutely essential to their perfect repair. The application of the bandage must, therefore, be so made as to support the joint in such a way as to prevent motion to an extent or in a direction which would apply extension to the injured ligaments."

The exact method in which the bandage should be applied, therefore, depends upon the character of the injury, and upon the nature and degree of the displacement, should any be present, thus it is impossible to give any specific directions for its use;

but, if the practitioner has any just ideas of the true indications of treatment, he will experience but little difficulty in fulfilling them.

In many fractures of the extremities there is a wide field of usefulness for elastic compression, for, as in sprains, undue swelling is prevented, absorption of bloody and other extravasations is accelerated, and the splints being held in position by a constantly contracting elastic bandage continue to act as efficient supports to the fractured bones for a much longer period than when they are retained by an ordinary roller. On account of the manipulation of the injured part being thus reduced to a minimum, union proceeds more speedily, and a saving of pain and anxiety to the patient, and of trouble to the surgeon, are effected. In fractures of the ribs I have not yet tried the elastic bandage, but I expect that it will prove most useful in such cases, as I have found that the web bandage when applied to the thorax kept its position perfectly notwithstanding the active exercise of those who were the subjects of treatment. The superiority of a tight-fitting elastic covering (such as that afforded by a carefully-applied web bandage) to the strips of plaster or binders in common use in cases of fractured ribs, seems so manifest that it is unnecessary to enter further on the subject.

Martin's experience of his bandage in fractures has apparently been somewhat limited, as he only speaks of its use in a case of "greenstick" fracture, and in three cases of faulty union of recent fractures where he succeeded in overcoming the resulting deformities by means of his appliance; and although the strong elastic bandage would doubtless prove efficient enough, it was to the use of the web bandage that I referred when just now speaking of the value of elastic compression and support in the treatment of fractures.

In chronic abscesses I have found aspiration followed by elastic compression most useful. In some cases obliteration of the abscess cavity has followed a single introduction of the needle, and of this I had recently an excellent example in Anna's ward. The abscess was one of considerable size and standing in the upper part of the left thigh of a young female. It was aspirated,

and a considerable quantity of strumous pus was allowed vent; the part was then firmly bandaged with an elastic roller; no re-accumulation of fluid took place; and when the patient was discharged, no trace of the swelling was discernible.

In sinuses so situated as to permit the use of the bandage, it proves a valuable adjunct to the treatment introduced by Volkman, for if a bandage be applied after the sinus has been thoroughly cleared of the unhealthy granulation tissue by which it is lined by means of the sharp spoon, its closure will be greatly hastened by the exercise of external elastic compression.

In enlarged bursæ, treatment similar to that advocated in chronic synovitis will be found safe, efficient, and satisfactory.

The remaining affections in which Martin has employed his bandage with success—viz., œdema of the limbs, rheumatic and neuralgic affections of joints, erysipelas, and some cutaneous diseases, and as a temporary dressing after dislocation—call for no special notice, although his observations are both interesting and instructive. And now, as I fear that my remarks have already extended to an undue length, I must bring this paper to a conclusion. In doing so I would say that I have endeavoured to lay before you as concisely as possible some of the advantages attending the use of elastic compression, as seen by Dr. Martin and myself; and I trust that what I have said may induce some of the members of the Branch to give a fair and impartial trial to a mode of treatment which has much to recommend it, and which, I feel assured, will occupy at no distant date a sure and prominent place in surgical therapeutics.—*Edinburgh Medical Journal*, March, 1879; *Braithwaite's Retrospect*, July.

## A SIMPLE METHOD OF PREVENTING MAMMARY ABSCESS.

BY FRANCIS J. SHEPHERD, M. D., M. R. C. S., ENG.

There is, I suppose, no accident which brings more discredit or gives more trouble to the surgeon than the occurrence in his practice of a "broken breast" case. Many remedies (such as belladonna, hot

oil, frictions, &c.) have been advocated to prevent this painful affection, but I have found none more efficacious and speedy than the following simple plan which has been used for years with great success by old women in country parts; in fact, it may well be called, what indeed it is, an "old wife's remedy:" When the gland becomes indurated, painful, and has a glistening red look (symptoms, in fact, of approaching suppuration), take a large piece of ordinary sticking plaster and cut it a circular shape (a larger or smaller disc, according to the size of the affected breast); make a hole in the centre large enough to allow the nipple and half the areola to be seen, and apply this piece of plaster (after heating it) so that it will cover the *whole* breast, and that the nipple will protrude through the aperture in the centre. To make the plaster fit more accurately, its circumference should be deeply nicked at distances of about an inch. The plaster should be left on till the breast softens, or the plaster ceases to exercise even pressure. This simple method, in the half dozen cases I have seen it used, has acted magically, the breast softening and the pain disappearing in the course of twenty-four hours. In one case a woman, who had suffered on several previous occasions from broken breasts, came to the out-door department of the General Hospital with all the symptoms of fast approaching suppuration in her right breast; in fact, I considered that within twenty-four hours I should be obliged to use the knife. However, I said to the students that if there was anything in the plaster remedy, this would be a good case in which to try it. I applied the plaster in the way described above. Two days after, the woman returned and said, with a pleased smile, that it was the only remedy she had ever tried that had done her any good; that on previous occasions every remedy had failed to prevent her having a "broken breast." On examining the breast, I found it quite soft, painless, and with only one small lump of induration on the upper part, which disappeared in the course of a couple of days. In another case, where an abscess, due to depressed nipple, threatened, I applied the plaster as before, and in twenty-four hours there was hardly any induration, and no pain. In multiparæ, where the breast is dependent, in addition to covering the breast with plaster, I should advise supporting the breast by a band of plaster, 1½ inches broad, passing under the breast from shoulder to shoulder. I may say that I have only used this remedy in cases of threatened abscess, due to distension of the milk ducts, depressed nipples, and obstruction to a free flow of milk, due to exposure to cold. I imagine the

plaster acts simply by exercising an even pressure on the breast and giving support to it. I hope that this method will be tried by some of your readers, and that they will give the results of their experience of it, beneficial or otherwise.—*Canada Medical and Surgical Journal*, July.

## LECTURES.

### SYPHILITIC SORE THROAT.

A LECTURE DELIVERED AT JEFFERSON MEDICAL COLLEGE, PHILADELPHIA, BY J. SOLIS COHEN, M. D.

LECTURER ON LARYNGOSCOPY IN THE COLLEGE AND ON CLINICAL MEDICINE IN THE HOSPITAL.

By the expression syphilitic sore throat, reference is usually had to a secondary or tertiary manifestation of the disease, although it occurs occasionally as a primary affection. We find chancres on the lips, the tongue, the cheeks, the palate, the tonsils, occasionally on the posterior wall of the pharynx; and in one instance at least a chancre has been reported as detected on the lingual surface of the epiglottis.

In some cases the disease has been inherited. but it is very often inoculated. This inoculation may even take place through the medium of a kiss or a bite, etc. I remember one case in particular, that of a female opera singer, who had an enemy in the troupe. This enemy was affected with syphilis and had her revenge in kissing my patient upon her lip, which was chapped, and thus gave her the disease, and she died sometime afterwards from cerebral syphilis and paralysis.

Occasionally the disease is communicated by the use of spoons or tumblers which have been touched to syphilitic sores on the lips, or in the mouth. Now and then we hear of a case of inoculation in the process of glass blowing; for if one of the glass blowers happens to have a syphilitic sore on his lips, the disease may very readily be carried by the mouthpiece to another workman who happens to have a fissure on one of his lips. In the same way the disease may be transmitted through the medium of a tobacco pipe. I have heard of cases in which it was carried from person to person through the medium of a cigar. Some cigar makers, in fastening the end of the

leaf are accustomed to moisten it with saliva. Now, if one of these individuals has a syphilitic sore in his mouth, it is very easy to see how the poison might be conveyed. In still other cases, infection has been accomplished through the medium of the mouthpiece of a trumpet. I have seen cases where the same result was accomplished by the incautious use of the Eustachian catheter. The passage of this instrument is very likely to produce an abrasion, even though none exists already ; and if the catheter employed has been previously passed into the Eustachian tube of a syphilitic patient, it is exceedingly likely to carry off some of the poison on its surface. It is for this reason that you should all be very careful in the promiscuous employment of such instruments, or rather, if possible, you should never use an instrument which has touched a syphilitic surface a second time. If you cannot afford to buy new instruments, you should, at least, thoroughly clean the old ones, and then dip them in alcohol and then burn off the alcohol, or else immerse them in a ten per cent. solution of carbolic acid and allow them to remain immersed for several hours.

In using the laryngoscopic mirror you have to heat it before introducing it, as you know. Now, some teachers tell you to test the heat of the glass on your cheek, but I say, never touch it to the cheek, for you might thus inoculate yourself with specific disease, if your patient happened to have a sore on any of the mucous surfaces of the mouth, and there happened to be the merest scratch on your own cheek. If you are obliged to test its warmth, do so on the back of your hand, or at least be careful to touch the mirror to some unabraded surface.

The distinction between secondary and tertiary sore throat of syphilitic origin is not so well made out as is the distinction between the same stages of the disease as they affect other parts of the body. However, you may accept this statement as valuable in point of diagnosis. *If the sore throat appears a few weeks or a few months after infection it is of secondary grade, if not for several years, it is tertiary.* The element of time is of great importance, since the characteristic appearances of secondary and tertiary syphilitic sore throat are much alike.

I do not think that I know of anything which more resembles the appearance of a syphilitic disease in the throat, than that of an eruption on the skin which has been poulticed, *i. e.*, the manifestations of the disease in the throat are very similar to its appearances elsewhere,

the difference of moisture and character of epithelium being taken into consideration.

We know that the throat is often affected with syphilitic disease, but we do not know why it is so affected. Infants as well as adults are affected with syphilitic sore throat. The throat has great proclivity to disease of various kinds. It is greatly exposed to vicissitudes of atmosphere, being continuously used in breathing, and at very frequent intervals, in swallowing. If there is no special reason for the origin of syphilitic sore throat, we, at least, say that the conditions which cause catarrh to settle in the throat locate syphilis there also.

Coming to a consideration of the symptoms of secondary syphilitic sore throat, we find that it first manifests itself by an erythematous congestion of the parts; a hyperæmia, usually most plainly marked on the soft palate. This does not differ in the least from the erythema of scarlet fever, except that the history is likely to be different, and that there is usually an attendant skin eruption in syphilis. There is no distinct line of demarcation to this syphilitic erythema, but it fades off imperceptibly into the healthy tissues around it.

One peculiarity this eruption of erythema does, however, possess, and that is a symmetrical appearance of the parts. The inflammation is not only bilateral, *i. e.*, not only involves both sides of the soft palate, but the separate patches are much of the same shape, the inflammation is not a diffuse inflammation. The reason of this is entirely anatomical. This virus of the disease is of course carried along in the blood current, and, therefore, lodges at parts of the palate where arteries ramify, and the ramification of these arteries is the same on both sides of the palate. This symmetry of the inflammatory action will very often clear up any doubt which we may entertain with regard to the nature of the case.

The inflammation, as I have just said, begins on the palate and then it goes down on the anterior palatine folds, or, less frequently, extends along the hard palate. Occasionally the disease starts on the posterior part of the palate, and so we have no evidence of its existence, unless we make a rhinoscopic examination. To do this you must pass a small looking glass (laryngoscopic or rhinoscopic mirror) behind the palate and thus illuminate its posterior surface. This is one of the reasons why syphilitic sore throat may progress with such seeming rapidity in some cases. It begins posteriorly in

the palate and so escapes notice entirely, until it is under very great headway.

After the erythema has existed for a longer, or shorter time, elevations appear at some points over the diseased surface. This is due to the glands of the mucous membrane being pushed forward, and the epithelium on the mucous membrane's external surface. This gives rise to the so-called "mucous patch," similar to the appearance caused by the application of nitrate of silver to the mucous membrane. This tumefaction is not always present, particularly if the epithelial cells are not distended with serum.

The "mucous patch" is very much like the so-called "milky patches of smokers." If you pull the cheek of an inveterate smoker to one side and examine the inside of it carefully, you will find an opalescence on the mucous membrane, which is produced by the smoke. If, therefore, in examining a case, you see a "patch" where it might be produced by smoke, you ought to be very slow in making your diagnosis.

After a while the tumefied points on the mucous membrane give way, and becoming disorganized, form ulcers. You will very often, at this stage, find an ulcer at the root of the uvula. The patient loses control of the muscles of the palate owing to the infiltration of products between the bundles of fibres of the muscles. The voice acquires a peculiar tone—due to excess of air passing out through the nose—so that there is a nasal twang about it, as is the case when the palate is insufficient, or when its muscles are paralyzed.

Secondary syphilitic sore throat is very rarely located upon the pharyngeal mucous membrane. It may, however, affect the root of the tongue and the interior of the larynx The syphilitic sore throat thus becomes a syphilitic laryngitis, and this is characterized by the same signs as an ordinary laryngitis, and has no peculiar symptoms. In such a case the history and the presence or absence of skin eruption is all we have to guide us.

Tertiary syphilitic sore throat usually appears some years after the primary affection, or else the sore throat incurred may run from the secondary into a tertiary stage. In such an instance as this we should have a mixture of secondary and tertiary manifestations. Tertiary syphilis rarely appears before the third year from the date of primary innoculation.

The tertiary form of syphilitic sore throat almost always manifests itself by gummatous deposits—syphilomata—masses of material of

a regular ovoidal form, varying in size from that of a pin-head to that of a large pea. This mass finally works itself up to the surface and ulcerates through it. The ulcer thus produced is the characteristic syphilitic ulcer, excavated or gnawed in appearance, of crescentric form and with sharp edges.

This grade of the disease also, as well as the secondary, starts up occasionally on the posterior part of the palate, and if it is not discovered and treated promptly, it may perforate the palate in from twenty-four to forty-eight hours. It occasionally requires the greatest amount of care to prevent perforation. This syphilitic ulcer has a tendency to extend either superficially or down into the deep fascia.

There are usually the same symptoms in tertiary as in secondary syphilitic sore throat, except that the tertiary variety is more apt to be unilateral. It sometimes follows a peculiar course and may proceed at once from the palate to the larynx, and destroy the epiglottis. The epiglottis may be destroyed without interfering with deglutition to any very great extent, for the stump which remains by the contraction of its muscles may form a sort of sphincter and so prevent the food from passing down the wind-pipe. Or, on the other hand, the disease may pass up into the posterior nares, and thence to the conjunctival membrane, and finally enter either the frontal or maxillary sinus and eat away submucous tissue, periosteum and bone itself. Again, it may affect the sphenoid and ethmoid cells and bring on meningitis or cerebritis. Or, still again, it may commence in the pharnyx, run up the Eustachian tube to the tympanum and so reach the brain. An abscess may form and discharge in the tympanum. There are instances upon record in which the disease has even gotten as far as the spine, producing caries and necrosis of the vertebræ and paralysis of the upper limbs.

Any and every part of the larynx may be affected. The mucous membrane, the submucous tissue, the nerves, the blood vessels, the chondrium, and the perichondrium. Sometimes the cartilages are affected primarily and undergo inflammation and suppuration, when abscesses are formed and break, either through the mucous membrane and so into the windpipe, or through the skin externally.

When the arytenoid cartilage is attacked it is often destroyed and discharged, leaving a sort of pocket behind. In like manner the cricoid cartilage may be surrounded and discharged. During the exfoliation of this cartilage, if the sequestrum is thrown out underneath the vocal cords, it is of course a foreign body and subjects the

patient to all the dangers attending the presence of a foreign body below the glottis.

Again, tertiary syphilitic sore throat may reveal itself in œdema of the submucous tissues, producing difficulty of breathing if internal, and difficulty of swallowing if external, or the disease may affect the trachea and bring on suffocation, by causing exfoliation of some of the rings.

There is still another condition when the infiltration occurs in the interior of the larynx and encroaches upon its calibre, producing stenosis, which may be permanent, thus necessitating the performance of tracheotomy, and the use of a tube for the rest of the patient's life.

A perforating ulcer may detach part of the uvula, or soft palate, and the two detached portions of flesh may meet and unite permanently, or there may be adherence of a detached piece of the palatine fascia to the tongue, thus causing stenosis of the pharynx; or the palate may be entirely glued to the pharynx; so that the patient is unable to breathe or blow through his nose, while his voice has a non-resonant or dead-like sound. When there is an adhesion between the palatine arches and the tongue, the diet must necessarily be confined entirely to fluids.

When we come to a consideration of the syphilitic sore throat of infants, we find it hard to discover how much of the condition is hereditary and how much due to primary infection.

As a general thing the disease is hereditary in infants, though they are sometimes infected by the syphilitic secretions of the vagina. Congenital syphilitic coryza is undoubtedly due occasionally to contact with syphilitic sores during delivery. Some authorities hold that the disease, when acquired by heredity, is always ushered in by running of a serous, purulent, and finally of sanguineous matters from the nose, which matters finally become dry and prevent the child from sucking at the breast, and render it cross and fretful.

It is a well known fact that the disease may be contracted from syphilitic sores on the breast of a wet-nurse, while some hold that the milk of a syphilitic nurse is capable of carrying infection into the system of the baby.

The initial lesion in the infant is generally, as in the adult, a mucous patch, which may be found in the nasal passages, or the angles of the mouth. This mucous patch may leave behind it an indelible cicatrix. It was Trousseau who first explained the origin of these cicatrices as found in the adult at the angles of the mouth and nose.

Speaking of cicatrices, I ought to call your attention to the peculiar cicatrices which syphilitic disease in the throat leaves behind it. These cicatrices are very characteristic and are often valuable indices, when discovered in the course of laryngoscopic examination, of the existence of constitutional venereal disease. These cicatrices are stellate in shape and bluish in color when new, gradually shading into white with age.

In one case I found these stellate cicatrices in the palate as results of an injury sustained from a pipe stem being driven against the palate and wounding it.

Scrofulous sore throat is generally hereditary. Perhaps the worst cases of syphilitic sore throat are where it is associated with the scrofulous diathesis inherited from the parents.

Syphilitic sores in the nose of infants often lead to perforation of the septum, the perforation being sometimes so large that the little finger can, with ease be inserted through it.

The treatment of syphilis in the throat is the same as that for syphilis in any other part of the body, namely, mercurialization in the secondary stages, iodization in the tertiary. It is very important to keep the parts thoroughly cleansed. If there is local ulceration the parts should be syringed, or cleansed with a brush, or spray douche. The water used should contain some of the chlorate or permanganate of potassium, or some carbolic acid. For my part, unless ulceration has set in, I do not believe that any medication to the throat is necessary, and that the local disease will yield entirely to the constitutional treatment. Sometimes I employ a twenty grain to the ounce solution of nitrate of silver, or sulphate of copper. In making these applications be sure to cover the whole patch, so that the diseased tissue should be completely destroyed.

Where you wish to make a good local application, use instead of a camel's hair brush a broad or flat paint brush, so that one sweep of the brush will cover a space half an inch wide. In this way the whole diseased surface may be washed by one motion.

When you wish to use the lunar caustic itself locally, the best form is that in the shape of a lead pencil, which you sharpen just like any other pencil. In this way you can confine the application to the desired space without any danger of its touching healthy tissue. If you wish to apply this pencil to a lateral surface, as, for example, to the side of the palate all you have to do is to cut away the wood from the side of the pencil, so as to leave a small piece of the caustic ex-

posed laterally. A stronger application still than the silver is to be found in chromic acid.

In the treatment of the tertiary form of syphilitic sore throat, you should use the iodide of potassium, together with small doses of the bichloride of mercury, or its equivalent in some other preparation. When perforation is threatened, the iodide of potassium should be given in doses of from thirty to ninety grains, every three or six hours, for thirty-six hours, if necessary, or until a change for the better takes place. In this way you may cut the perforation short, and completely stop the phagadenic process.

In giving large doses of the iodide of potassium, you should always bear in mind that the drug may give rise to œdema of the larynx. Therefore, make it a rule never to let three doses pass without seeing the patient and examining the larynx. Œdema of the larynx has been caused in two cases in my own practice by large doses of the iodide.

As soon as the patient gets thoroughly under the influence of this medicine you may return to the ordinary dose. Sometimes you cannot prevent the occurrence of perforation, or it may have taken place before your arrival, and you find the uvula, perhaps, hanging to its base by only a thin shred of flesh. Or it may be that a portion of the palatine fold has been separated and is hanging suspended over the opening of the wind-pipe and œsophagus. In such cases, unless there is great danger of its dropping, my rule is to let well alone

Tell the patient of the exact state of affairs, and, if it gives rise to harassing cough, an assistant can clip it off with a pair of scissors. As soon as the system is thoroughly under the influence of the iodide of potassium the strong probability is that the separated parts will unite again. Indeed, I have often seen a hanging uvula unite again through its whole extent. No artificial instrument will take the place of the normal palate. A false palate only produces an approach to the normal voice.

It is a very singular pathological fact that a congenital cleft palate when operated upon, or an accidentally wounded palate will unite easily, whereas a perforated palate, the result of old syphilitic disease, will not be apt to unite after operation, unless the general disease is entirely banished from the system, and sometimes not even then, and unfortunately, you never know when the system is free.

This brings us to a consideration of the question, as to how long the system should be kept under the influence of antisyphilitic reme-

dies. I would continue the administration of these remedies until all evidences of the disease had ceased, and still keep them up for a couple of months longer, and then let small doses be taken every few weeks, and whenever the throat shows the slightest disposition to take on specific inflammatory action. When small doses of the iodide of potassium produce catarrh, and other prompt systemic evidence of its potency, you have a perfect right to infer that the specific disease has abated or left the system.

Some physicians hold that syphilis can never be eradicated from the system. You should always keep your patient under close observation for a number of months after he has ceased to take medicine.

In the treatment of syphilitic sore throat in infants, as in adults, mercury is indispensable. This drug should be given by the mouth or by inunction. Sir Benjamin Brodie recommended smearing mild mercurial ointment on the inside of the flannel shirt worn by infants.

In the coryza of syphilitic children the nose should be frequently cleansed by means of a syringe. In using the syringe see that the infant's head is brought well in front of you and is held downwards, so that none of the purulent matters from the nose are swallowed, and so brought in contact with the mucous membrane of the pharynx anp epiglottis.—*Hospital Gazette*, New York, August 9th, 1879.

## CLINICAL REPORTS.

### SALICYLATE OF SODIUM IN RHEUMATIC IRIDO-CYCLITIS.

BY W. J. MC DOWELL, M. D., BALTIMORE.

(*Read before the Medico-Chirurgical Faculty of Maryland, April* 1879.)

Irido-cyclitis, inflammation of the iris and ciliary body, is, if we except acute glaucoma, the most painful disease to which the eye is liable. So much so, indeed, that no language, however strong, will adequately describe the agonizing pangs which subjects of this affection must often endure. Pangs which are not transitory in their nature, or even intermittent in character, but are ever present until the acme of the disease is past. Now and

then there occurs a more or less marked remission, which will raise hopes on the part of the patient of an early subsidence of the storm; hopes, which unfortunately are only too soon to be dissipated by the return of his former agony. Nor is this, by any means, the most serious feature of the disorder, for in many cases, despite the most careful and judicious treatment, it will run its course, the inflammation spread until it invades the choroid and other ocular tunics and the case terminates after weeks of intense suffering in panophthalmitis, with destruction of sight and atrophy of the globe. But this result, unfortunate as it is, is not always the finality, for in some cases, after weeks, months or even years of immunity from trouble, the stump of the lost eye will become irritable and inflamed on account of the ciliary nerve being matted together and entangled in the inflammatory products, and unless the diseased, and now worse than useless organ be removed, a sympathetic irido-choroiditis, will be soon declared in the other eye, which will terminate only, when it also, has been nearly, if not quite, destroyed. This unfortunate sequela is most apt to follow on those cases in which the primary cyclitis has been of traumatic origin, but it may follow upon any form of the disease, arising from any cause whatsoever. I do not wish to be understood to say, that irido-cyclitis invariably destroys the sight of the eye involved, for very many cases recover promptly and satisfactorily under proper treatment, but it is nevertheless a very serious disorder, resulting, often, most disastrously to the eye affected, and in some instances, compromising the other, also, through sympathetic influences.

I have had recently under my professional care, three cases of irido-cyclitis, occurring in two individuals of rheumatic diathesis, an account of which may prove to be of sufficient interest to the faculty, to justify their presentation.

Case 1. P. A. N., aged 35, has been subject to rheumatic trouble all his life, and on two occasions he was confined to his bed by attacks of the disease in its acute or inflammatory form. Since his last acute seizure, now nearly two years ago, he has suffered almost constantly with *chronic* rheumatism, which affects principally his feet, rendering locomotion both difficult and pain-

ful. His health otherwise is good. He has never had syphilis. On December 15th, 1878, he was seized with severe pain in and around the globe of his right eye, paroxysmal and lancinating in character, and attended with photophobia and lachrymation. This pain during the night and day following, became more and more intense, while the vision was decidedly obscured. Becoming alarmed at this failure in the visual power of the eye, he was led to seek the advice of a specialist, and accordingly presented himself at my office on the morning of December 17th, 1878. On examination there proved to be a deep, pinkish injection of the scleral zone surrounding the cornea. The aqueous was slightly turbid, the iris discolored and the pupil contracted, no pupilary adhesions, (posterior synechiæ,) were visible. Slight pressure on the globe through the closed lid caused the patient to shrink back, a symptom which proved that the ciliary body was involved in the inflammatory process with the iris. The diagnosis, irido-cyclitis being clear, I instilled into the eye, at once, a four grain solution of sulphate of atropia, and ordered three leeches to be applied to the temple immediately, prescribing at the same time a mixture containing bi-chloride of mercury, each dose of which represented one-sixteenth of a grain of the drug. He was also directed to use frequently during the day, hot laudanum and water fomentations, as against the pain, and to have dropped into his eye, a half dozen times daily, some of a four grain solution of atropia which I also prescribed for him. On his return the next day, the pain was still urgent, the injection deeper in hue, the iris still discolored, and the veins upon its surface, dilated and tortuous. The pupil was partially, though evenly dilated, thus demonstrating the absence of adhesion. The cyclitic symptoms, however, were greatly intensified, as demonstrated by the increased tenderness of the globe, the slightest pressure with the finger, not being tolerated. On this occasion I ordered three more leeches to the temple, and applied vesicating collodion to the mentoid.

I will not occupy your time by following throughout the history of the case as it progressed from day to day, suffice it to say, that under the above treatment, with but few unimportant varia-

tions, it was brought to a successful termination in about *three-and-a half* weeks, the patient in this time being entirely relieved of all discomfort and regaining his full visual powers.

Case 2.—On February 16th, 1879, just two months after the onset of his first attack, I was called to visit the same patient at his dwelling. On reaching the house, I found that his other eye had, two days before, been attacked in very much the same manner as the first had been, with the exception that from its onset, all the symptoms were much worse. The ciliary and frontal neuralgia was so intense as to be almost insupportable. Recognizing his old enemy, who had thus attacked him with redoubled force, he had commenced at once with the treatment which had before proved efficacious, only that instead of three leeches to the temple, he had had three times three applied. At the same time he sought to secure relief from pain by taking full doses of morphia, frequently repeated. These efforts proved futile and on the morning of the 16th, my services were brought into requisition. An examination, which under the circumstances, was made with difficulty, the eye being exquisitely tender and very sensitive to light, revealed a broad zone of circumcorneal injection of a dusky pink color, a lusterless and greatly discolored iris, over whose surface could be traced swollen and tortuous veins, a condition quite characteristic of cyclitis, a muddy aqueous and a partially dilated pupil. This dilitation of the pupil, however, was due not to the disease, but to the atropia drops which he had been freely using. The eye, as I before remarked, was extremely sensitive, so that the lightest touch over the ciliary region gave most intense pain. The acuity of vision was also greatly reduced, but to what extent I am unable to say as in his condition, no proper test could be applied. The usual remedies having been faithfully used by himself, before I was consulted, for eight and forty hours, without giving him the slightest relief, I determined to test the efficacy of the salicylic acid treatment, as I believed his trouble to be entirely due to rheumatism; a belief which was afterwards fully justified by the results obtained from treatment. I ordered for him salicylate of sodium in solution in simple elixir, in such proportion, that

each half ounce should represent twenty grains of the drug. Of this solution I directed that he should take one tablespoonful every hour for ten hours, cautioning the family to withdraw the medicine should there be any "ringing in the ears." On my return the next day I was very much gratified to learn, that after the first few doses of the medicine had been taken, the pain began to subside until, in a few hours, it had disappeared altogether. The patient was now free from all discomfort, although some soreness on pressure upon the eye remained, and the redness, though still quite apparent, was greatly diminished in amount. I now directed that the medicine be continued and given in the same doses, six times in the day instead of every hour. The day following, February 18th, finding the eye in every way still further improved, I discontinued my visits, reducing the number of doses of the medicine, however, to four in the day. Under this treatment alone, the case was brought to a highly satisfactory conclusion, so that when he presented himself at my office one week later, all traces of his trouble had disappeared. It may be of some interest here to note that when his constitution was brought under the effects of the acid, his other rheumatic troubles disappeared promptly and have not since returned.

Case 3. J. E. P., mechanic, aged 28, has, during the last few years, suffered much from rheumatism, which he believes was first brought about by frequent exposures to the vicissitudes of weather, incident to his calling. On March 2nd, 1879, while at work, he was suddenly seized with sharp neuralgic pains in his right eye, which presently became so severe as to compel him to abandon work and return to his home. The distress increased during the rest of the day, and after passing a sleepless night, during which he was almost frantic from the excruciating pain under which he labored, I was summoned to attend him on the morning of the third of March. An examination revealed about the same condition of affairs as were present in the two former cases, only that the iris was not involved with the ciliary body to the same extent as in the others. The results obtained from the salicylic acid treatment, being still quite fresh in my mind, I resolved to give it another trial, and I accordingly ordered for

him the same mixture, directing that he should take a tablespoonful of it every hour, for ten hours, the medicine to be withdrawn in the event of the appearance of the full constitutional effects of the drug. After dropping into his eye some atropia solution, I took leave. On my return, the next day, much to my gratification, I found, that, as in the previous case, all symptoms had speedily abated after the first few doses had been taken. The patient was now almost free from pain, the redness had diminished in amount, as had also the tenderness of the globe on pressure. The aqueous was clearer, the pupil satisfactorily dilated and everything pointed to a speedy convalescence. Under these circumstances, I diminished the quantity of medicine taken in the day by increasing the length of the intervals between doses. The improvement having once set in, it continued steadily throughout, so that within one week from the date of the onset of the attack, I had the pleasure of dismissing my patient, cured.

I offer this narrative of the above cases for what it may be worth. Case I will serve to show the course that is generally taken by a favorable case of rheumatic cyclitis, under the usual form of treatment as laid down by the authorities. Cases II and III present instances of the same disease in which the main therapeutic reliance was salicylate of sodium. The results are so greatly in favor of the latter plan of treatment, that I shall continue to employ it in similar cases until a sufficient number shall have been collected to give to them a statistical value. It is of course impossible to declare in favor of this or that form of treatment until after a fair trial has been accorded it in a sufficiently large number of cases, but the *rapid subsidence of all trouble* which followed upon the exhibition of the salicylate in these two instances is very remarkable and for this reason is quite suggestive, especially in view of the fact that salicylic acid and its preparations have proved themselves to be of the most undoubted efficacy in other forms of rheumatic trouble.

# A CASE OF ACUTE INFLAMMATION OF THE MIDDLE EAR, WITH SYMPTOMS OF MENINGITIS; PARACENTESIS OF THE MEMBRANA TYMPANI; COMPLETE RECOVERY.

REPORTED BY J. L. HICKS, M. D.,

FLUSHING, L. I.

In the history of the following case I shall not be able to narrate the facts with that minuteness of detail which would have been possible had I kept a careful record of the progress of the disease at the time. While I regret that I did not keep such a record, my brief notes furnish a sufficiently clear account of the important features of the case to render it worthy of preservation.

On the 29th of January last I was called to see Charles B., aged sixteen years, a very tall, slender, overgrown youth, whom I found in bed with fever, sore-throat, and earache. He had, I was told, taken cold after exposure, and had experienced a chill that morning. There was a boil in the external meatus of the ear, which had broken and was discharging. I prescribed for him, and ordered the ear to be syringed with warm water; and, hearing next day that he was better, I did not see him again for a week, when he was brought into my office by his mother. He seemed then to be very ill indeed. He had apparently gotten better of his first attack and had been up and about; but on the day last mentioned he had had a chill, followed by fever, and, when brought to me, had a little cough with short breathing and pain in the right side of the chest. Examination of his lung revealed merely a slightly high-pitched tubular breathing at the base of the right lung, without moist rales of any kind, or dulness on percussion. I was convinced, however, that pneumonia was impending, and this I found clearly established at my visit on the following day. The pneumonia ran its course, and at the end of ten days the lung had pretty well cleared up. There persisted, however, a condition of prostration and general disturbance which gave me some anxiety. The temperature again began to range high. On one or two occasions I found it as high as 104° and 105° F. in the afternoon, but it sank to normal after a full dose of quinine with digitalis. After a day or two the same high temperature would recur, to be again controlled by the same agents. He was now kept upon large daily doses of quinine with ergot, and occasionally digitalis, and bromide of po-

tassium at night, and such other measures of medication and diet as would seem to be indicated in the typho-malarial type of fever with which we apparently had to deal. During all this time there had been more or less discharge from the ear, unaccompanied by pain or noticeable impairment of hearing, and which was supposed to depend upon granulations of the external meatus successive to the abscess which occurred at the beginning of his illness. Absorbed by the stress of his other troubles I had given no particular attention to the ear, beyond ordering it to be syringed with warm water two or three times a day according to the amount of discharge, and a few drops of a weak alum solution to be instilled afterward. The discharge was thick, odorless, and occasionally tinged with red. At the end of the third week the patient appeared very much exhausted, and certain symptoms presented themselves which begot a new anxiety. The pulse, heretofore full, gaseous, and dicrotic, began to be irregular; the pupil of the left eye was larger than that of the right, and there was ptosis of the left lid. He complained of numbness of the left leg and an inability to move it or draw it up in bed; he began to have headache, severe and persistent, with delirium when dozing, and a tendency to wander when awake; and the discharge from the ear had ceased. The ominous import of these symptoms recalled attention to the ear, and I found that he could not hear my watch when placed against the ear or against the forehead. He was now ordered iodide and bromide of potassium in full doses, blisters to the occiput, cold to the head, and leeches to the auricle, which measures were followed by some abatement of headache and improvement in other particulars He seemed to derive great comfort from strips of flannel, wrung out of hot water and sprinkled with compound mustard liniment, and applied the whole length of the spine; in fact he would ask for them every day On examining the ear with a speculum shortly after the commencement of the new phase of the disease, the floor of the meatus appeared red and flaky but comparatively dry, and the swelling which had at first existed had disappeared. The membrana tympani had a thickened lustreless aspect, without any trace of perforation, and there was no pain that could be referred to the ear itself; the headache before mentioned seeming to centre itself more at the occiput than anywhere else.

A notable feature of this period of the history was the sudden, irregular, and wide fluctuations of temperature which took place. The body heat would rise from a point near the normal temperature

to 103° or 104° F., and on two occasions to 105° F , and would then as suddenly drop back again; the whole excursion occupying not more than three or four hours.

The events constituting the second or cerebral period of the case extended over a period of about two weeks with occasional changes that seemed encouraging, and then a lapse—alternations, however, which on the whole did not support the idea of a favorable progress. The ear was watched with considerable anxiety, and two or three times there seemed a little improvement in the hearing,—the watch could be heard a little further off, say two or three inches; but the next day things were as bad as ever.

At the end of the fifth week, on making my visit one morning, I observed some redness and tumefaction behind the ear, over the mastoid process, and lighting up the interior of the meatus with the mirror and speculum, I found the membrana tympani reddened and bulging, and on requesting the patient to perform the Valsalvian manœuvre, I saw a tiny bubble form just below the end of the handle of the malleus. I at once made a free opening through the lower segment of the drum membrane, and a gush of blood and matter followed. Inflation by Politzer's method seemed to complete the evacuation of the tympanic cavity, and I left my patient with the hope that at least one element of his danger had for the time been disposed of. The next day the opening had not entirely healed and inflation caused a little exudation of a thin red fluid. The post-auricular swelling and redness had disappeared, and the condition of the patient was surprisingly better. The temperature was normal and had been so during the night. The headache had almost gone, and he could hear my watch at a distance of twelve inches.

The history of the case practically ends here, for from this time convalescence went on without interruption, and, although the patient was deplorably weak, his strength increased day by day, with renewal of appetite and digestive vigor.

The occurrence and sequence of symptoms following the subsidence of the pneumonia appear to me clearly to indicate cerebral irritation tending to meningitis, even if meningitis to a limited extent was not actually established. It is *not* altogether clear what relation the tympanic trouble held in the order of events, although it is not improbable that its beginning may have been coincident with the abscess of the external meatus which happened at the beginning of the illness. However that may be, there is scarcely room for doubt that the mid-

dle-ear disease, whether creeping from the throat through the Eustachian tube, or propagated from the external meatus, was the active factor in developing the cerebral symptoms with which it was associated, and I cannot but think that with a membrane so resisting, and with mastoid appearances so threatening, only the free and timely evacuation of the tympanic cavity prevented a meningitis of disastrous proportions.—*American Journal of Otology, July.*

## BULLET WOUND OF THE FACE; ANTISEPTIC SURGERY.

BY W. CANNIFF, M. D., M. R. C. S., ENG.,

(Attending Physician, Toronto General Hospital.)

A case of bullet wound which occurred recently in my private practice, possesses some points of note which I think will make it interesting to your readers.

C. P., a lad of about 11 years, yet in bed in the morning, was accidentally shot by his brother with a small revolver. I was called to see him about 8 o'clock, and saw him not long after the wound was received. I found that the ball had entered the face immediately to the right of the nose, midway between the inner angle of the eye and the nostril. A puffy ridge across the face, towards the right angle of the lower jaw, over the upper jaw, but not over the lower, marked the course of the ball A sister of the patient had informed me that she could feel the ball, and pointed out a spot immediately posterior to the angle of the bone. Upon examination, I had no difficulty in distinguishing its position. There was some tenderness at the spot. I ordered warm fomentations and informed the family I would shortly return with an assistant to administer chloroform, while I would cut down and extract the ball. It was about an hour and a half before I could return to my patient, when I found that considerable swelling had taken place where the ball was situated, so that it could not be distinctly felt. Having no doubt as to the exact location of the ball, I did not hesitate to proceed with the operation. Dr. Fulton who had kindly consented to administer chloroform, like myself failed to distinguish the body. The patient took the chloroform badly, and repeatedly vomited. Having cut through the skin, I made my way through the cellular tissue toward the situation of the ball, with a director. The swelling meanwhile had increased. Reaching the angle of the bone, and not feeling the ball, I passed my right forefin-

ger into the mouth and along the inner surface of the lower jaw to the point of the incision. With my other forefinger in the wound I at once felt the bullet between my two fingers. I was on the point of dividing some tissue yet covering the ball, when the patient began again to vomit, and continued straining for some time. I fully expected to have the ball in my hand in a moment more; but upon examining the part no ball could be felt. I explored with the greatest care through the incision and by the mouth, but could not find the ball. It had completely eluded me. Dr. Fulton likewise searched for it, and was equally unsuccessful. I continued the search for a time without incision and then had, much to my disgust, to give it up. Dr. Fulton had not at any time felt the ball. and I was not surprised that he felt some doubt as to my own sense of touch. Being certain that I had held it between my fingers, I thought perhaps it had fallen from the wound while the patient was straining. But the ball could not be found. Three weeks later the wounds having healed, upon examining the part, I again felt the ball in the old situation; although a few days before it was not there. The following day I pressed the ball outside the bone and readily removed it by incision. It was a small conical bullet with the point slightly turned and flattened by striking the upper jaw where it entered. Upon examination, I found that with the mouth open it was possible for the ball to have passed inside the lower jaw to the point where it was found. The mysterious disappearance of the body at the first operation can only be accounted for by supposing that the violent contraction of the muscles during vomiting removed it to a point beyond the reach of the finger.

The wound of the face made by the ball was treated by applying a poultice for a day or two, and then water dressing. The wound healed without a drop of pus forming and with but little watery discharge. This would have been a striking proof of the astonishing value of antiseptic gauze, and application of germicides, had I not omitted to employ them.—*The Canada Lancet, August.*

## LARYNGOLOGICAL PERISCOPE.

BY J. H. HARTMAN, M. D., PHYSICIAN TO THE BALTIMORE THROAT DISPENSARY.

No. v.

LUXATION OF THE LEFT ARYTÆNOID CARTILAGE.—Stoerk brings forward two cases of a most interesting affection, viz., of luxation of an arytænoid cartilage. In both cases there was falsetto voice from early childhood. In one case, the etiology was most likely to be found in cicatricial contraction after diphtheria; in the other no cause at all could be detected.

There was in both cases immense tumefaction of the left arytænoid cartilage, which attained in one case three, in the other four times its natural size. In the first case, occurring in a gentleman aged 33, the immobile thickened left cartilage, which was turned in a transverse direction, filled nearly completely the upper aperture of the larynx; its healthy fellow was rendered immobile, too, in consequence of its being pushed backwards by the tumefied neighbour; and thus the vocal cords were permanently in a state of passive tension corresponding to that of the highest falsetto,

This gave a simple explanation for the symptom at once attracting attention, viz., for the patient's permanent falsetto voice. Each simple catarrhal inflammation of the narrowed air-passages proved nearly fatal to the patient, bringing on attacks of suffocation.

Thus Stoerk resolved in 1868 to relieve this state of things by producing a loss of substance on the posterior and external part of the mucous membrane of the tumefied left arytænoid cartilage, in the hope that the cicatricial contraction would produce a better position.

This result was obtained, and the respiration became easier for a short time. Soon, however, the old state of things returned.

The operation was again performed a few years later, with the

same temporary success. In 1874, the patient went to Schroelter to try his method of gradual dilatation by catheterism of the larynx.

Stoerk candidly admits, that this method was accompanied not only by subjective relief, but by an actual dilatation of the upper aperture of the larynx. This fact was ascertained by Stoerk himself, the patient presenting himself repeatedly at his house whilst he was under Schroelter's treatment. In 1876, the patient died suddenly, cause of death unknown.

The second case, also occuring in a strong and healthy man, was very much like the first with regard to the symptoms of phonation and respiration. Here, however, the entire larynx could be seen, the vocal cords remaining close to each other even during deepest inspiration, as in cases of paralysis of the posterior crico—arytænoid muscles. The epiglottis stood quite straight, the right arytænoid cartilage was pushed outwards and backwards by its tumefied left neighbour, the processus vocalis of which occupied the place where the centre of the right ought to have been. In this case also catheterism was tried for two years, but without the slightest result.—*Wiener Med. Wochenschrift*, No. 50, 1878.

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Amygdalitis.—Verueuil asserts that the purulent focus which invariably developes during the last stages of amygdalitis is not situated in the interior of the tonsil, but in its vicinity, viz., in the cellular tissue which separates the organ from its groove. The tonsil does not adhere very firmly to this groove, and when tumefied through the inflammation, it bulges out between the anterior and posterior pillars of the velum of the palate, and moves backwards and forwards at every movement of deglutition.

This mobility is one of the principal causes of the formation of the abscess. The gland being continually displaced, a serous bag forms in the connective tissue, which streches between both pillars and occupies the bottom of the groove of the tonsil. In this serous bag the purulent gathering is formed. The abscess is always very deep-seated, and cannot, therefore, easily be

reached by a bistoury, as an incision directed in a straight line towards the tumor which the tonsil forms in the isthmus of the larynx would not be able to reach it.

To open the abscess it would therefore be necessary to cut through the anterior pillar of the velum of the palate; this pillar, which is much enlarged and protuding, forms the anterior wall of the abscess; but, at the same time, it is highly œdematous, so that in order to pierce it, a very deep incision would have to be made, and, in doing this, the carotid artery might easily be injured.

It would, therefore, appear that abscesses of the tonsils had better be let alone.

They must not be opened, and it is better to wait and allow the pus to make a way for itself through the anterior pillar. Happily the affection never lasts long, and the abscess generally opens spontaneously on the fourth or fifth day.—*Gazette des Hopitaux and Lyon Medical*, No. 9, 1879.

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Excision of the Epiglottis.—Dr. William Porter, (*Amer. Jour. Med. Sci.*, April, 1879,) of St. Louis, alluding to the recorded cases in which portions, if not the whole, of the epiglottis, has been severed, either by accident or disease, records three cases of his own, in one of which he removed three-fourths of the organ for a neoplasm.

The main disturbance in such cases seems to be in phonation; the vowel sounds *a* and *e* are less distinct, and the voice harsh if the cartilage is irregular and jagged.

Deglutition, on the other hand, becomes easy after a time, for the base of the tongue may so cover the larynx, and the muscles and mucous folds to close it, that the loss of the organ is largely compensated for.

Usually, when ulceration sets in, the process of destruction is so slow that the parts gradually accustom themselves to the loss.

After an accident, as when Murat lost a portion of the epiglottis from a musket ball, it may be necessary to introduce an elastic tube into the stomach as an artificial aid. Dr. Porter did

not find this necessary in his case, which was as follows: For some five months there had been difficulty in swallowing, with laryngeal pain and cough.

On laryngoscopic examination a large nodule was found occupying three fourths of the free edge of the organ.

After some weeks of local treatment, which accomplished nothing, the diseased mass, including fully one-half of the epiglottis, was severed. Semi-solid food was then ordered, but no artificial aid was resorted to, as the long-continued disease of the part had accustomed the patient to supply its loss.

The wound healed in a fortnight, and there has been little functional disturbance.

The following conclusions are given: If a benign growth of the epiglottis exist, or there is malignant disease which has not as yet implicated the surrounding parts, removal of the epiglottis, or such a part of it as is involved, is practicable and justifiable.—*New York Medical Journal*, August, 1879.

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Laryngeal Syphilis.—At the close of Sechtem's lengthy but interesting article on laryngeal syphilis, we find the following directions for its treatment, and, as they represent the present plan in Vienna, we give them in full:—In recent and mild cases of the disease, likewise where there are superficial *plaques* in the pharynx, or erosions or slight ulcerations in the larynx, inhalations of corrosive sublimate in alcohol and water, as recommended by Demarquay and Schnitzler, are used and highly spoken of.

Under this treatment all the least serious of the pharyngeal manifestations quickly disappear; ulcerative processes of any extent will require, in addition, cauterization with nitrate of silver in substance. In other cases, where secondary symptoms exist, the inhalations must be associated with the internal use of mercury—inunctions are usually employed.

In extensive ulceration of the epiglottis and of the larynx, pencillings with a solution of iodine and iodide of potash in glycerine are spoken of as being very efficacious; it is likewise of use in dysphagia caused by ulceration of the epiglottis, new growths and hypertrophies of the mucous membrane, and follicu-

lar swellings. Potash, internally, is to be used at the same time.

In perichondritis, if time be allowed, inunctions over the larynx of the *ungt. cin.* and internally some preparation of potash—a treatment which not infrequently diminishes the swelling in a day or two. If stenoses of the larynx and urgent dyspnœa are present, tracheotomy is of course a necessity.

Nervous affections of the larynx, sometimes existing with a mild catarrhal inflammation, are best treated by inhalation of chlorate of potash and insufflations of muriate of morphia. The galvano-cautery has been used by Schnitzler in several instances to destroy the warty syphilitic outgrowths found in the larynx, and is recommended where pencilling with the above iodine solution fails. Finally, the various forms of stenoses of the larynx, pharynx, and trachea, due either to polypi or cicatrices, must be relieved by appropriate surgical measures.—*Wiener Med. Presse*, Nos. 27, 28, 29, 30, 31, 1878.

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Tracheotomy in Bilateral Paralysis of the Posterior Crico Arytænoid Muscles.—Dr. Sémon's interesting and valuable paper on the above subject, (*The Lancet*, May 10th, 1879,) is based upon the sequel of a case which he brought before the Clinical Society one year ago (see "*Lancet*," April 20—27, 1878), and although he then advocated the operation, he had given his patient a fair trial with the direct application of electricity to the paralyzed muscles. It finally became necessary to perform the operation, the patient being *in extremis*, and only rescued from death with great difficulty.

He brought the case forward again mainly because it raised the question, "under what circumstances and at what period of the disease is tracheotomy to be performed in these cases?" It had been lately stated by Mr. Lenox Browne that tracheotomy could be probably often avoided, because relief was afforded by milder remedies and methods. However, in Mr. Browne's own case illustrating this view, there was still considerable actual stenosis of the glottis, in spite of the disappearence of the subjective symptoms, and thus the patient was, as Dr. Sémon's case clearly proved, far from being out of danger.

Dr. Sémon proposed the following general principle for the treatment of these cases: In a case of bilateral paralysis of the posterior crico-arytænoid muscles, in which a considerable stenosis of the glottis has taken place and marked dyspnœa is present, unless within a short time not only subjective relief, but an actual enlargement of the glottic opening has been obtained, then tracheotomy ought to be performed without delay, as a prophylactic measure, with a view to the subsequent removal of the tube in case any later therapeutical efforts should produce a real cure of the affection.

Dr. Sémon showed another case where the bilateral paralysis was incomplete, the vocal cords coming completely together during vocalization, but during deep inspiration, the anterior two thirds of the vocal cords remain close together, and the posterior thirds only separate, leaving a triangular space between their borders and the inter-arytænoid fold. This had never hitherto been described, and might he explained, by Rahlman's recent physiological observations, to be due to the fact that, while the outer fibers of the posterior crico-arytænoid muscles were paralyzed, the inner fibers which rotate the processus vocales of the arytænoid cartilages outward were intact. If, then, a secondary paralytic contraction of the antagonistic muscles set in, the result would be that seen in this case. This explanation was admittedly hypothetical, but its feasibility was demonstrated in the model illustrating the action of the laryngeal muscles, invented by Professor Brohl, of Munich.—*New York, Med, Jour.*, August, 1879.

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Hyperæsthesia of the Larynx and Pharynx.—Gagnhofner gives an account (*Prag. Med. Wochensch.*, iii, 38, 1878,) of eight cases of purely nervous hyperæsthesia of the pharynx and larynx. They are mostly such as come often under the notice of specialists, and are a source of much trouble and annoyance both to them and their patients on account of their pertinacity.

In by far the greater number of the cases, even the most scrupulous examination failed to detect any anatomical cause by which to explain the troubles; in others, there were minute

pathological affections, small erosions in the pharynx, etc., which were, however, too insignificant to account for the sufferings of the patient.

In a few cases, Ganghofner observed other nervous troubles, such as cardialgia, neuralgic pains, etc., nervous dysphagia, and æsophagismus.

The troubles caused by the disease are a feeling of burning, pressure, pricking, and dryness in the pharynx or larynx, sometimes in both organs at once; at the same time, the patients sometimes complain of a feeling as if their throat were being forcibly compressed, or as if they had a foreign body in the throat; in some cases the pain extends as far as the tip of the nose or the tongue.

If the larynx is affected, spasms of the glottis occasionally ensue, or a purely nervous spasmodic cough without any expectoration; the latter sometimes as often as thirty or forty times daily, but, as a rule, not quite so often.

These phenomena are either persistent, or they only appear periodically and are then provoked by much speaking, irritating food, or mental emotions.

Among the twenty-four cases observed by the author were fifteen female patients and nine male, averaging in age from eight (boy) to fifty-seven years.

The etiology of this affectlon is not clear. It has often been ascribed to anæmia, but anæmia did not exist in every case. It was generally preceded by inflammation of the organs of the throat, simple anginas, etc. It often occurs in hysterical patients, but has also been met with in cases where no hysterical symptom was manifest. The author has frequently observed that several individuals in the same family have successively been affected by it, so that he is inclined to think that there may be an hereditary disposition to this affection. Affections of the genital organs also seem to have some influence on its development.

Ganghofner discriminates two forms of the affection, one due to a continuous irritation of the peripheric terminations of the nerves in the mucous membrane, and another purely central, and not caused by any external influence. In treating this affection,

it must always be borne in mind that there is a great tendency to frequent relapses, and that it is a very stubborn disease.

The treatment consists in cold baths, sea-bathing, change of air, milk cures, mountain air, etc., or in the use of the galvanic current; painting the throat with solutions of bromide of potassium, tannin, glycerine, morphine, inhalations of weak solutions of salt, etc.

In some cases, it will be found advisable to give bromide of potassium internally, or even to administer hypodermic injections of morphia.—*London Medical Record*, June, 1879.

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Paralysis of the Posterior Crico-Arytænoid Muscles.—Jurasz reports a case of the above affection, occuring in a male 27 years of age, following upon convalescence from typhus fever. There was no cough or pain in the larynx, but great interference with respiration. Inspiration being very difficult. Expiration normal.

Tracheotomy was performed. The laryngoscopic examination showed the upper aperture of the larynx wide and well developed.

No symptoms of inflammation or swelling. The mucous membrane somewhat pale. Vocal cords white and glistening. During phonation there was normal closure of the glottis. During respiration the glottis appeared very narrow, and by closing the canula a three cornered space was formed between the arytænoid cartilages, measuring in its widest part from 2—3 Mm.

During inspiration the vocal cords were readily drawn downwards.

By the application of electricity, one electrode being placed either upon the nape or the front of the neck, and the other being introduced within the larynx, the patient made so much improvement that he was able to go about with a closed canula.

Continued application of electricity to the diseased muscles, also to the sympathetic, with the hypodermic injection of strychnia, gave no further improvement.—*Deutsche Med. Wochenschrift*, Nos. 14, 15, 1879.

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Cases of Retrotracheal Retention-Cysts.—Gruber calls "retrotracheal retention-cysts" not the hernia-like pouches of the tracheal mucous membrane, but the "mucous cysts" (Virchow), which owe their origin to the retention of the secretion in hypertrophied retrotracheal mucous glands, the apertures of which have remained open.

They are extremely rare. One case has been communicated by Rokitansky in 1838, two cases previously by Gruber in 1869 and 1875, and now two new ones are brought forward by him.

These are all on record. In both the new cases they were only accidentally discovered on dead bodies; but, as one of them had an enormous circumference when filled, viz; five centimetres, the author suggests that in cases of operation in the neighborhood of such cysts, an accidental incision might not be without importance.—*Virchow's Archiv. fur Path. Anatomie, etc.*—Vol. lxxiv, No. 4, 1878.

## REPORTS OF SOCIETIES.

### BOARD OF HEALTH, AND MEDICAL SOCIETY, ORGANIZED IN HALIFAX COUNTY, NORTH CAROLINA.

Pursuant to the call of the Chairman of the Board of Commissioners, the physicians of Halifax county met in Halifax on Monday August 4th.

The Chairman of the Board of Commissioners, who is ex-officio Chairman of the Board of Health, being unavoidably absent by sickness, some discussion took place as to the mode of procedure, and it was finally agreed that the meeting should name its own chairman.

On motion of Dr. J. A. Collins, Dr. F. M. Garrett was made Chairman and Dr. John O'Brien was appointed Secretary.

Dr. M. T. Savage suggested that, before proceeding to elect officers, it should be ascertained who were entitled to vote under the act of Assembly. This caused discussion by several of those present.

Dr. W. R. Wood stated that the State Medical Board had decided that those only were entitled to vote who had passed examinations before it, and who were regular practitioners before 1859.

Dr. Collins thought all who were members of the county medical society, organized some years ago, were entitled to vote in addition to those mentioned by Dr. Wood.

On motion of Dr. Wilcox, it was decided that all members of the county society, all who had received license from the examining board and all who had practiced medicine before 1859, should be allowed to vote. It was also decided that Dr. O'Brien had two votes, one in the capacity of physician and one as Mayor of Halifax.

The roll was then called and the following physicians answered to their names:

F. M. Garrett, John O'Brien, John A. Collins, A. R. Zollicoffer, B. F. Whitaker, M. T. Savage, G. E. Matthews, Samuel Nicholson, J. L. Ivey, W. R. Wood, C. J. Gee, M. A. Wilcox, A. B. Pierce, P. S. Petway, I. E. Green, J. B. Hall, J. M. Tucker, Wm. Hunter.

The chairman announced that nominations were in order for the position of Superintendent of health for Halifax county.

Dr. Savage of Scotland Neck placed in nomination Dr. I. E. Green.

Dr. Matthews nominated Dr. A. B. Pierce.

Dr. Green received 9 votes and Dr. Pierce 7 votes. The chair announced that Dr. Green was elected.

Dr. Savage then addressed the meeting advising the formation of a society, and form it not only in name but in fact. Work said he and keep up with the times. Keep pace with the profession of the State in other counties. The only way to raise the standard was to work together, become intimate with each other and exchange views, and that would take the county from the dust where it now lies to the proud position which it once occupied.

Dr. Pierce agreed with Dr. Savage, he thought that to keep up the society there must be meetings and work or else lag behind the profession. He was willing and anxious to keep pace with the State Medical Society and the only way to do so was to have a society and attend it regularly.

Dr. Collins was much pleased with the sentiments of both the gentlemen. He deemed it a duty to organize and to keep organized. He was willing to act with other physicians and hoped the suggestions would be carried out.

Dr. Collins requested that all who desired to form a medical society for the county come forward and enroll their names. Dr. Pierce was on motion unanimously elected President of the Society, and returned

thanks in a speech which was highly applauded. Dr. O'Brien was unanimously elected Secretary and the meeting adjourned.

The following are the gentlemen who compose the society :— Drs. A. B. Pierce, John A. Collins, I. E. Green, S. Nicholson, B. F. Whitaker, J. R. Pope, Oscar Gregory, A. R. Zollicoffer, W. R. Wood. John O'Brien, H. T. Bass, P. S. Petway, J. M. Tucker, Wm. Hunter, M. T. Savage, F. M. Garrett, J. B. Hall.

The beginning is fine, and with such gentlemen as the above, the society ought to be the finest in the State. We hope the physicians will see the importance of unity and strive to promote the health and prosperity of the people. Halifax county in times gone by was second to none in the State in all that was high and noble and we hope to see it once more equal to the best.

## ALLEGHANY COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Alleghany County Medical Society, was held in Cumberland, Md., August 19th, 1879. Dr. James M. Porter, President, occupied the chair and the following members were present: Drs. G. B. Fundenberg, M. A. Carr, W. H. McCormick, E. H. Parsons, J. W. Englar, J. A. Doerner, S. P. Smith, C. H. Ohr, T. M. Healey, and O. M. Schindel, Secretary.

Dr. Ohr, Chairman of Committee on the Revision of the Constitution, said they were ready to report a constitution which he read to the Society in detail, and upon motion it was unanimously adopted.

Dr. Ohr presented to the Society, a patient of Dr. W. J. Pipers, with chronic disease of the knee joint, in a boy thirteen years old; the disease had existed for about fifteen months, was the result of a sprain; at this time the joint is very much swollen, and there is a fistulous track opening into the joint, leg below the knee is very much atrophied, partial anchylosis exists. There is a history of cancer in the boy's family, father having died with it. Dr. Fundenberg thought the case an unfavorable one, but advised liberating the pus, and washing out the joint freely with a dilute solution of carbolic acid, making hyper distention by this means and the use of compressed sponge over the joint so as to favor healthy granulations; but if these means failed to amputation as a dernier resort. Dr. Ohr was of the opinion there was extensive destruction of the cartilages of the joint, and the cancellated epiphyses of the bones were involved in the softening process which was going on, and not much could be ex-

pected from an attempt at resection of the joint, but would wait a reasonable time and use rational means, and if no improvement took place would amputate. Dr. Schindel would apply "Esmarch's bandage" and attempt a resection, but if upon opening the joint the bones were found involved to any serious extent, would proceed and finish the operation by an amputation.

Dr. J. M. Porter reported a case of puerperal convulsions which had occurred in his practice—the patient was a well developed woman, a primipara, at about the end of the eighth month of pregnancy, the patient had three convulsions before the doctor saw her; found the legs œdæmatous and mottled in appearance, the os-uteri entirely closed and no labor pains, put the patient under chloroform, pains soon set in, used manual dilatation, and in a couple of hours a living child was delivered by the use of the instrument. Patient had nine convulsions before and seven after the delivery; after the delivery discontinued the use of the chloroform, and used hypodermic injections of morphia. Patient recovered, there was temporary paralysis of the muscles of the left side of the face which lasted for one week.

Dr. Fundenberg advocated the bringing on of labor in such cases by manual efforts at dilatation, would have bled this patient as well as used chloroform, recommended in the highest terms the hypodermic injections of morphia after the delivery; had found them to have the happiest effect in controlling the convulsions.

Dr. Ohr said he should have used the lancet unsparingly in this case, contending that the lancet was one of the best known means of causing rapid dilatation of the os-uteri, and of protecting the brain from undue blood pressure, and as this was the organ most likely to be injured thought our first consideration should be to protect it, said the hypodermic injection of a half grain of pilocarpin would produce prompt dilatation of the os; after delivery there was no agent equal to the hypodermic injections of morphia in controlling the convulsions.

Dr. Fundenberg offered a resolution, which was passed by the Society unanimously, requesting the editors of local papers not to mention the name of physicians in connection with any medical or surgical cases, as is their custom, and the practice of some of the members of this Society, and it was ordered that the secretary of the Society present these resolutions to each member of the Society for his signature, and those who refuse to sign them to be reported at the next meeting, so that they may know who the persons are that indulge

in these breaches of medical ethics, and that they may reach them through the society.

The mortuary report for Cumberland for the past month shows that thirteen deaths have occurred, adults eight, children five, resulting from the following causes: Intestinal catarrh, one, chronic diarrhœa, one, gastro-enteritis, one, heart disease, one, cholera infantum, two, general exhaustion, two, inanition, one, thyphoid pneumonia, one, typhoid fever, one, abdominal tumor, one, general dropsy, one.

After a very interesting and harmonious meeting, the society adjourned to meet at the regular time and place next month.

O. M. SCHINDEL, Secretary.

CUMBERLAND, MD., August 20th, 1879.

## SAMPSON COUNTY, NORTH CAROLINA, BOARD OF HEALTH.

At a meeting held in the Court house for the purpose of organizing the County Board of Health for Sampson county, Mr. J. R. Beaman was called to the chair and Dr. J. H. Benton requested to act as Secretary.

Dr. C. T. Murphy was requested to explain the object of the meeting, which he did in a brief manner.

Letter and circular from Dr. T. F. Wood, secretary of North Carolina State Board of Health, read by secretary, the act pertaining to the organization of the County Board having been previously read by Dr. Murphy.

Present: Mr. Beaman, chairman Board County Commissioners, Mr. Boykin, Mayor of the county town, and Drs. Devane, Sivey, Murphy, Kerr, Lee, Holmes, Faison, Holliday, Hobbs and Benton.

On motion it was determined that an election for Superintendent of County Board of Health be held, and that a majority of all the votes cast be required to elect. Drs. Kerr and Hobbs were appointed tellers. The second ballot resulted in the election of Dr. C. Tate Murphy for Superintendent the ensuing two years.

On motion of Dr. J. M. Devane, the present organization of the Board was made permanent.

The Board then adjourned sine die.

J. H. BENTON, Secretary.

CLINTON N. C., August 11th, 1879.

## CORRESPONDENCE.

NEW ORLEANS, LA., AUGUST 22, 1879.

*Messrs. Editors:*

Last Spring, the business men and property owners of this city, remembering the loses sustained in consequence of the yellow-fever epidemic of 1878, and recognizing the dependence of such serious epidemics upon local insanitary conditions, formed an association for the purpose of aiding the municipal authorities in their efforts to clean up and disinfect the city and endeavor thus to prevent another such a terrible visitation as was experienced last year. A considerable sum of money was subcribed, and actually paid into the treasury. An executive committee of energetic men was appointed, a prominent physician, Dr. C. B. White, formerly President of the Board of Health, was selected as medical director, and the association was ready for business. In this way the *New Orleans Auxiliary Sanitary Association* was organized. It was not intended that this organization should usurp the functions and do the work of the Board of Health. It was merely intended as an auxiliary to that body, assisting the regularly constituted authorities with money not provided by law for the execution of much-needed sanitary reforms.

Since the organization of this body the work of cleaning up the city, not only the streets and gutters—but back-yards, alleys and privy-vaults—has been energetically carried on; and the result is that to-day New Orleans is the cleanest and healthiest city in the South. The correctness of this statement is proven by the last weekly mortality report of the Board of Health, from which it appears that the total number of deaths for the week ending August 17th, was *only sixty-eight*, a death rate of 16.84 per 1000. This is an unparalleled record for this city. That it is to a very large degree due to the exertions of the Sanitary Association is hardly open to question. About a month ago, a few cases of yellow fever made their appearance here, but the much-feared epidemic was soon suppressed after the occurrence of nine cases and five deaths. With one exception these cases

all occurred in a quarter of the city which is almost invariably the first to be infected.

Unfortunatety this city is at present in the hands of a Board of Health, who are with one exception strict quarantinists, "dead set" against any intercourse with any place at which yellow fever is endemic, although at the time not a single case may exist there. A few days ago the quarantine physician even refused to pass a vessel from the Cape Verde Islands, because those islands were somewhere in the Atlantic Ocean, nearly in the latitude of Cuba. Not content with practically suppressing all commercial relations between this city and the West Indies and South America, one of the members of this model Board publicly expressed the opinion in an official interview with the Governor, "*that a ship coming from an infected port should be confiscated and sunk at the wharf and the captain hung at the masthead.*" The name of this humane gentleman and ornament to his profession is Dr. Schuppert, a surgeon of some local reputation.

The outbreak of the fever here and at Memphis is an evidence of the truth of the proposition advanced in my letter on page 22, MARYLAND MEDICAL JOURNAL for May, viz:—That the exclusive importation of yellow fever is not sufficiently established to justify the adoption of the measures contemplated in the ill-considered Senate bill on National Quarantine of the last Congress. But no evidence, however plain and direct, seems to convince these quarantinists of the falsity of their pet idea. I have seen it announced only a few days ago in the general Press dispatches that some unknown germ-hunter from Texas in the employ of the National Board of Health had discovered the manner in which yellow fever had this year been introduced into Memphis. "*Le fameux docteur de San Antonio*" as the "*Bee*" of this city ironically terms Dr. Coleman, has actually discovered that yellow fever was introduced into Memphis in 1879, from New Orleans, and this in face of the fact that the first case of fever did not occur in this city until two weeks after its public announcement in Memphis!

The weather here during the present summer has been so delightful that comparatively few people have left the city. The highest temperature up to the present time has been 91°. Ro.

## SELECTIONS.

# THE REAL AND COMPARATIVE VALUE OF THE HYPOPHOSPHITES IN THE TREATMENT OF PULMONARY CONSUMPTION.

[*Read before and ordered published by the Sonoma County Medical Society*, June 11, '79.]

In the following brief article we shall consider the remedies referred to from a therapeutic standpoint only. Not wishing to consume time unnecessarily, or to presume on your intelligence by quoting what numerous systematic authors have written, whom we have consulted upon this subject, we deem it sufficient to say, that almost all of them teach that cod liver oil is *the* remedy *par excellence* for pulmonary consumption. And this is in no wise singular, when we consider that the practice of medicine is quite as much influenced by the prevailing fashion of the times as the style of our ladies' dresses. And, also, that cod liver oil had for its modern apostle, one who filled so large a space in the medical public's eye, as Prof. John Hughes Bennett, of Edinburgh.

And thus here, pardon us the disgression while we say that the *present* generation of any given age have ever manifested strong myopic tendencies in regard to the excellencies of the prevailing ideas, sentiments and spirit of the times in which they themselves flourished. And we, of the present times, no less than those who lived before us, inflate ourselves with the self-satisfying idea that *we* are not the obsequious slaves to the pompous dictum of some lordly Galen, as our fathers were. Physicians of *to-day* boast that they have not thrown away their lancets because Rush and Broussais have long since been gathered to their fathers, but parade their superior scientific insight into the occult pathological changes that constitute the beginnings of disease, as an excuse for following the prevailing fashion. For as one of the most astute philosophers of our times has said, "We have all been raised on *success*, yes, sordid gold-getting success," and we must after the thoughtless rabble run, that we may get their

filthy lucre. And it is a humiliating fact, but none the less true, that physicians follow the rabble for the same reason that the staid old milch cow follows her young, frightened calf, *i. e.*, because the calf will not follow the cow. The great Edinburgh professor thundered forth the therapeutic key-note, and the medical world shrugged their shoulders and echoed "cod liver oil," and thenceforth continued to lubricate their unfortunate patients, forsooth, because *Prof. Bennett* had said cod liver oil was good for consumptives. And our own limited experience leads us to believe, that in a small minority of cases of consumption, under proper circumstances, cod liver oil may be administered with real benefit. For years we, too, followed the prevailing fashion, and prescribed cod liver oil for almost all our consumptive patients, but with only the usual success, or rather, sad want of success. But having a personal interest in the matter, a sleepless vigilant in quest of light upon the therapeutics of this most fatal disease, caused us to look out in every direction and gather information pertaining to its treatment from every accessible source. The experience of many highly distinguished in medicine, as well as our own, taught us that the usual treatment by cod liver oil was, in the great majority of cases, unsuccessful to say the best of it.

And while we could not believe in the extreme views enunciated by Dr. J. F. Churchill, in regard to the thaumaturgic power of the hypophosphites as curative agents, yet in view of the general want of success following the prevailing plan of cod liver oil treatment, we thought it well worth while to give the hypophosphites a full and fair trial. As well as our limited opportunities would allow, we accordingly did so. The results of this trial, now extending through several years, while being far from "all that could be desired," yet have been such as to fully warrant us in saying, that the hypophosphites, in the treatment of the great majority of cases of pulmonary consumption, are certainly far superior to cod liver oil. And the fact that many distinguished physicians united in condemning them, pronouncing them inert or worse than useless, and yet continued to use them in the treatment of that disease, as the records prove, is an unsolvable

mystery to an unprejudiced observer, yet fully in keeping with a jealous proscriptive spirit that has existed in all ages, especially in the so-called *learned* professions. Look, and be ashamed, at the history of ovariotomy, and consider the treatment its great American apostle received at the hands of those most distinguished in medicine and surgery in the United States! Yet the praise of the name of *Washington Lemuel Atlee* will well up from the grateful hearts of countless generations unborn, when the memory of his bigoted denouncers shall have passed into oblivion, or shall be remembered only as calumniators of one greater and better than themselves. Alas, that such should be the history of medicine! A learned medical philosopher has said, that "the study of *medicine* is wonderfully calculated to steal away a man's common sense," and such occurrences as above referred to prove the truth and wisdom of the quotation.

To return: In the treatment of pulmonary consumption, we do not administer the hypophosphites, or any one of them, by routine, or indiscriminately, or in any case rely on them solely. And just here, permit me to say that it is astonishing that physicians should so frequently order such therapeutically incompatible combinations. Often we see the hypophosphites of lime and potash in the same prescription, and it may be for a patient far advanced in consumption, when every tyro in medicine is familiar with the fact that the potash salts, as a rule, have a deliquescing effect upon the vital tissues, increasing the congestion and augmenting the discharge from mucous membranes. And yet, here, in a case where an astringent and roborant effect is plainly called for, physicians professing to be scientific prescribe a remedy that, if it produce its characteristic well known effect, will only hurry the patient to the grave, and withal make his journey more miserable as well as sadly brief. In answer to our inquiries, manufacturing pharmaceutists tell us that the reason why they continue to prepare such therapeutically incompatible mixtures of the hypophosphites as now flood our markets, is because physicians will have them thus. While it is a well known and fully established fact, that there are no two of the hypophosphites but that have each its characteristic and peculiar therapeutic properties.

And while it is a familiar fact that medicines of more or less similar or dissimilar therapeutic properties may be combined, to the advantage of the patient, yet it seems to us impossible that the hypophosphite of potash, in any combination or quantity, should benefit a consumptive patient whose lungs were more or less rapidly softening and breaking down; yet it is prescribed for such, certainly to their injury.

Not thinking it necessary to consume time and space with the minute details of special cases to illustrate our mode of administering the hypophosphites in the treatment of pulmonary consumption, or to endeavor to substantiate the fact of their usefulness in that most fatal disease, we deem it sufficient to give a mere general outline of our usual plan. And in doing so we do not presume to tell anything new or original as to their use, but beg permission to refer you to our teachers—Thorowgood, Van Holsbeck, Cougard, Berchon, Dickson, Churchill, Campbell, and others, who have written so well upon the subject; and though they are, or were, physicians acknowledged to be of the first ability and highest standing in their respective countries, yet their teachings have not been so fortunate in catching the popular breeze as those of the cod liver oil advocate.

We have used, in the treatment of pulmonary consumption, the hypophosphites of soda, lime, and quinine. We find the soda salt most frequently applicable, next, that of quinine, while in some cases, where an astringent and roborant effect is indicated, that of lime serves an invaluable purpose. The hypophosphites of soda and lime we administer in simple syrup solution, and that of quinine usually in pills. In their administration we follow the general instructions as laid down by Dr. J. F. Churchill, in his late work on this subject, and to which we beg permission to refer you for much that we would repeat and endorse, as substantiated by our own experience and observation. We have used the hypophosphites, as manufactured by Swann, of Paris, to some extent, but usually we employ those of American manufacture, by Powers and Weightman, and Rosengarten & Son, and have not observed any appreciable difference between those of foreign and domestic manufacture. We usually administer the

hypophosphites of soda and lime three to six grains, and that of quinine about half so much three times a day. We often give the hypophosphite of quinine for one or two weeks before beginning with the alkaline hypophosphites. For most cases require more or less preliminary treatment, such as may be indicated in each case, before they are in suitable condition to begin a hypophosphite course. And those patients of hemorrhagic diathesis can profitably take much larger doses if two or three grains of ergotin be administered simultaneously three times a day. We have administered this amount of ergotin continuously for two to five months, or longer, and yet have never observed any bad effects follow, but on the other hand, the patient would steadily improve. We have never observed a single instance of any indication of dry gangrene following the use of ergotin, as mentioned in some old medical works. The old idea that dandelion is a specific, to a certain extent, for pulmonary consumption, is not entirely without foundation; the beneficial results following its long continued use are probably owing to its effects upon the biliary organs, thus assisting in the assimilation of carbonaceous compounds.

For the arrest of hemoptysis, ipecac, in ten to twenty grain doses, is very efficient, and if taken in smaller non-emetic doses it is the best preventive we know of. Besides, it acts well in non-emetic doses on the digestive organs and upon the nervous system, especially the sympathetic branch of it. For the relief of night sweats, we have found the following very efficient:

℞. Oxidi zinci, gr. j; Acidi pyrogallici, gr. ij; Sulph. atropiæ, gr. $\frac{1}{100}$; M. Ft. pil. j.

S.—One to two pills one to three times a day.

To check consumptive diarrhœa, we generally use the following:

℞. Salicin, 3 to 6 grains; Sub. nit. bismuth, 6 to 12 grains.

S.—One such powder every three to six hours, or as occasion may require.

The hypophosphite of quinine we often administer in the following combination, under the name of Compound Pulmonary Alterative Pills:

℞. Hypophosphite quinine, 1 gr.; iodide of arsenic, $\frac{1}{16}$ gr.; sulphide of calcium, 1 gr.; ext. nux vomica, $\frac{1}{8}$ gr. M. Ft. pil. S.—One pill three times a day.

We have these pills, as well as many other kinds, made to order in New York or Philadelphia, and sugar or gelatin coated, in large quantities at a time.

Nux vomica and lactopeptin will often be found to render valuable service as aids to digestion.—*Pacific Medical and Surgical Journal.*

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The Commission of experts appointed by the national board of health to prepare a circular embodying familiar instructions for disinfection have made a report to the board. The commission was composed as follows: Chairman, Prof. C. F. Chandler, of the School of Mines, Columbia College, New York and president of the board of health, New York city; Prof. G. F. Barker, University of Pennsylvania; Prof. Henry Draper, University of the City of New York; Prof. Ira Remsen, Johns Hopkins University; Dr. S. O. Vander Poel, health officer port of New York; Prof. E. G. Janeway, member of board of health, New York city. The report of the commission is as follows:

"Disinfection is the destruction of poisons of infectious or contagious diseases. Deodorizers are not necessarily disinfectants, and disinfectants do not necessarily have an odor. The disinfectants to be used are, first, roll sulphur, for fumigation; second, sulphate of iron (copperas) dissolved in water, in the proportion of one and a-half pounds to the gallon, for soil, sewers, &c; third, sulphate of zinc and common salt dissolved together in water in the the proportion of four ounces of sulphate and two ounces of salt to the gallon, for clothing, bed linen, etc. The commission exclude carbolic acid for the reason that it is difficult to secure the proper quality, and must be used in large quantities to be of service. In using disinfectants in the sick-room the most available agents are fresh air and clean linens. The clothing, towels, bed linen, etc., should, on removal from the patient, and before they are taken from the room, be placed in a

a pail or tub of the zinc solution, boiling that if possible. All discharges should either be received in vessels containing copperas solution, or when this is impracticable should be immediately covered with copperas solution. All vessels used about the patient should be cleansed with the same solution. Unnecessary furniture, especially that which is stuffed, carpets and hangings should, when possible, be removed from the room at the outset; otherwise they should remain for subsequent fumigation and treatment. Fumigation with sulphur is the only practicable method of disinfecting the house. For this purpose the rooms to be disinfected must be vacated; heavy clothing, blankets, bedding and other articles which cannot be treated with zinc solutions should be opened and exposed during fumigation, as directed below; close the rooms as tightly as possible, place the sulphur in iron pans supported on bricks placed in tubs containing a little water, set it on fire by hot coals or with the aid of a spoonful of alcohol, and allow the room to remain closed for twenty-four hours. For a room about 10 feet square at least two pounds of sulphur should be used, for larger rooms proportionately increased quantities. Cellars, yards, stables, gutters, privies, cesspools, water closets, drains, sewers, &c., should be frequently and liberally treated with copperas solution. The copperas solution is easily prepared by hanging a basket containing about sixty pounds of the copperas in a barrel of water. It is best to burn all articles which have come in contact with persons sick with contagious or infectious diseases. Articles too valuable to be destroyed should be treated as follows: Cotton, linen, flannels, blankets, etc., should be treated with the boiling zinc solution; introduced piece by piece; secure thorough melting and boil for at least half an hour. Heavy woolen clothing, silks, furs, stuffed bed covers, beds and other articles which cannot be treated with the zinc solution should be hung in the room during fumigation, their surfaces thoroughly exposed and pockets turned inside out. Afterwards they should be hung in the open air, beaten and shaken. Pillows, beds, stuffed matresses, upholstered furniture, etc., should be cut open, the contents spread out and thorougly fumigated. Carpets are best fumigated on the floor, but should

afterwards be removed to the open air and thoroughly beaten. Corpses should be thoroughly washed with a zinc solution of double strength and buried at once. Metallic metal-lined or air-tight coffins should be used when possible, certainly when the body is to be transported any considerable distance."

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THE USE OF ATROPIA IN TETANUS.—In the *Lancet*, July 12, Surgeon D. H. Cullimore describes the case of a soldier who had his great toe mashed by a horse, and amputated. Symptoms of tetanus followed. Surgeon C. proceeds—

As this was the fourth case that came under my notice in the space of six months, one of which was treated with chloral, and the others with hypodermic injection of atropia in combination with morphia, and as all three terminated fatally between the ninth and twelfth day, I felt convinced that chloral would prove a failure, and, judging from the physiological effect of morphia and atropia, which are the reverse of each other, at least in so far as their action on the pupil is observed, I determined to try atropia alone, more with the object of noting its action than with any but a vague hope that it might be the means of preventing a fatal issue. On the first appearance of the symptoms one-sixtieth of a grain of atropia was injected hypodermically over the dorsal spinal region, and was repeated three times daily. On the morning of the second day one-fortieth of a grain was injected every four hours, and continued for six successive days, till the spasms had entirely ceased, and the stiffness disappeared from all but the muscles of the neck and face, which, as they were the first to become affected, continued longest under the influence of the disease. On the eighth and ninth days the dose was reduced to one-sixtieth of a grain twice a day, and subsequently reduced to one-sixtieth of a grain at night, for a further period of two days, ending on the evening of the eleventh day from the commencement of the disease, when the patient, though not yet cured, was well out of danger and in a fair way to recovery.

I should have mentioned that the bowels were constipated throughout, and were acted upon by four grains of calomel, with forty grains of compound jalap powder, administered every other

day, and that after each evacuation the patient invariably expressed himself "much lighter" and relieved.

Under the influence of tonics and nourishing diet, with an occasional purgative, such progress was made that on the twenty-sixth day from his admission into the hospital, and on the twenty-first from the manifestation of tetanic symptoms, the man was discharged. During his stay in the hospital, and within the space of nine days, two grains of atropia were introduced into his system, which caused neither dilatation of the pupil nor any continued increase of temperature; in fact, there was no ascertainable physiological action, with, perhaps, the exception of drowsiness and slight occasional hyperæsthesia of the surface, which I am now more inclined to connect with the disease than the remedy.

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Cremation as a Preventive of the Spread of Yellow Fever —We are not, at present, in favor of cremation, generally, but certain circumstances have of late arisen that compel us to be greatly in favor of this method of disposing of the bodies of those who die of yellow fever. From what we have learned from private sources, the resurrecting of the bodies, during the winter months, of those who died of yellow fever, has done much to perpetuate this terrible disease in our Southern cities until the warm weather has set in. Cremation obviates all possible harm that can come from the dead, and duty to the living demands that everything should be done to destroy the possibility of propagating this and all contagious diseases that run so malignant a course.—*St. Louis Medical and Surgical Journal.*

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Treatment of Sciatica.—Dr. Comegys states in the *Cincinnati Lancet* that, in his hands and in those of other practitioners, the hypodermic injection of 30 minims of sulphuric ether, night and morning, a little posterior to the great trochanter, has effected a cure in sciatica. Dr. Starr, of the Philadelphia Episcopal Hospital, injects one-eightieth of a grain of atropia into the tissues directly over the track of the painful nerve, with manifest advantage.—*Med. Rec.*

# MARYLAND MEDICAL JOURNAL.

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H. E. T. MANNING, M. D.
T. A. ASHBY, M. D. } Editors.

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BALTIMORE, SEPTEMBER 1st, 1879.


## EDITORIAL NOTES.

AMERICAN GYNECOLOGICAL SOCIETY.—The fourth annual meeting of the American Gynecological Society, will be held in the hall of the Johns Hopkins University, in this city, on September 17, 18, 19, 1879.

The following are some of the titles of papers to be read at the meeting:

1. Annual Address—The Gynecology of the Future and its Relations to Surgery. By the President, Dr. T. G. Thomas.
2. The Justo-Minor Pelvis, with the report of a case. By Dr. W. T. Lusk.
3. Clinical Notes on the Hypertrophic Elongation of the Cervix Uteri. By Dr. W. Goodell.
4. The Principles and Practice of Gynecology as related to Insanity of Women. By Dr. A. J. C. Skene.
5. Complete Congenital and Accidental Absence or Atresia of the Vagina in the Pregnant and Unpregnant Female. By Dr. I. E. Taylor.
6. Idiopathic Septicemia in Gynecological Practice. By Dr. J. R. Chadwick.
7. The Treatment of Puerperal Septicemia by Intra-Uterine Injections. By Dr. E. W. Jenks.
8. Intra-Uterine Medication. By Dr. J. P. White.

9. Intra-Pelvic Dislocation of the Ovaries. By Dr. P. F. Mundé.

10. Report of a Case of Extra-Uterine Pregnancy. By Dr. J. C. Reeve.

11. The Early Application of the Forceps in the First Stage of Natural Labor. By Dr. I. E. Taylor.

12. Intra-Uterine Medication by Iodized Phenol. By Dr. R. Battey.

13. A New Method of Performing Decapitation. By Dr. W. L. Richardson.

14. Mismanaged Labor the Source of much Gynecological Practice. By J. Tabor Johnson.

15. The Relations of Symptoms to Versions and Flexions of the Uterus. By Dr. E. Vander Warker.

Arrangements have been made to have the Fellows accommodated at the Mount Vernon Hotel, corner of Cathedral and Monument Streets, at the reduced rate of one dollar a day for rooms without board.

The friends and admirers of the eminent Mr. Geo. W. Callender, of London, will be pleased to learn that he has accepted an invitation to be present at the meeting.

We are authorized to say that the members of the profession are cordially invited to attend the sessions of the meeting.

Every effort will be made, by the resident members of the Society, to ensure, for our visitors on the occasion, a pleasant and profitable stay among us. We extend a warm greeting and bid them welcome to our city.

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PORTRAIT OF DR. LONG.—The presentation of Carpenter's portrait of Dr. Crawford W. Long, the discoverer of Anæsthesia, to the Alumni of the University of Georgia, to be placed in the Capitol, was made in the Hall of the House of Representatives, in Atlanta, on the 22nd day of August in the presence of the Governor, Mrs. Long and family, senators, judges, alumni and others. Senator John B. Gordon made the presentation address, and Hon. B. C. Yancey made the reception speech. Mr. H. L. Stuart, the donor of the portrait, received hearty and well merited praise in both speeches.

By recent advices we learn that Mr. H. L. Stuart had a paralytic stroke in Atlanta, and now lies dangerously ill.

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Surgeon General United States Navy.—Philip S. Wales, M. D., Medical Inspector United States Navy, a native of Maryland, has been appointed Chief of the Bureau of Medicine and Surgery of the United States Navy, with the relative rank of commodore, to succeed Chief (Surgeon) J. Winthrop Taylor, placed on the retired list. Dr. Wales is the third son of the late Philip Wales, of Baltimore, who, with his family, after a long residence in Annapolis, Md., removed to this city in about the year 1850, and for a number of years successfully conducted a general grocery and provision store on Warner street, near Conway street, South Baltimore. Dr. Wales was born in Annapolis, and was, perhaps, 14 or 15 years of age when the family came to Baltimore to live. He attended the High School and was regarded by his professors as a particularly bright and promising lad, possessing undoubted talents. He subsequently studied medicine under the tutelage of the late Professor Dunbar, who, for so many years, had an office and lecture hall on Lombard street, near Hanover street. Having attended two courses of lectures at the Medical School University of Maryland, Dr. Wales graduated in the spring of 1856; Dr. Chatard, now Bishop of Vincennes, Ind., was one of his classmates. He went immediately before a naval examining board in session at Philadelphia and passed a successful examination. He was commissioned an assistant surgeon in the navy April 17, 1856, and was soon ordered to duty at the Naval Academy, Annapolis. On June 8, 1873, he was promoted to be a medical inspector, and at the time of his new appointment had reached nearly the top of the list of the fifteen medical inspectors in the service. Dr. Wales is the author of several works on subjects pertaining to medicine and surgery, and is regarded in the service as a gentleman of rare attainments and solid learning. He is about 43 or 45 years of age, and is of fine presence.

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The Yellow Fever.—For the lack of material, and doubtless from better sanitary precautions, the fever in Memphis, has not assumed the alarming proportions of last year, while New Orleans has only been slightly affected by it as compared with its visitations in other years. Yet in both places, the former particularly, many deaths have occurred which, we were led to believe, from extra endeavors to avert the outbreak, would not be the result. Nothing, now, seems likely to stamp it out but cold weather or the entire desertion of the infected districts, and the former will be hailed with rejoicing.

Sir William Jenner.—Sir William Jenner has been absent from London during the past month. A little before that time, he began to suffer from severe cough, which, to the astonishment of himself and his medical friends, proved to be whooping-cough. He saw no patients after he knew the nature of his illness; and a day or two afterwards, left London in order that he might not spread the disease. He will not, we learn, return to London till the middle of September; by which time, as the fits of coughing are much less severe and less frequent than they were, he will have been well enough to be free from the risk of communicating the disease. Although the whooping-coughs have been fully developed, there has never been any bronchitis or other chest complication; and were it not for the danger of infecting others, he would now be in London discharging his ordinary professional duties.

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With the next issue the Journal closes its fifth volume. Its flattering success has demonstrated the fact that the members of the profession, in this city and state, are disposed to encourage this enterprise and are desirious of fostering a literature of their own. With their continued countenance and support we promise that the Journal shall grow in size and importance with each recurring year, and that we will give them an exponent in which they may feel just pride.

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The attention of our readers has, on former occasions, been called to the reprepensible practice which some druggists have of abridging the prescription of the physician as well as substituting one drug for another that has a similar physical appearance. All these breaches of good faith between the druggist and the doctor should be treated in the most prompt and radical manner known both to the law and to the code of medical common sense.

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Dr. Geo A. Foote, of Warrenton, North Carolina, a talented and distinguished physician, has under consideration the acceptance of an invitation to a professorship of pathology and physiology, in the Southern Medical College at Atlanta, Georgia. He is well qualified for any position to which he may be called, and should he accept North Carolina's loss will be Georgia's gain.

THE health reports show that the health of our City this year will bear no mean comparison with the records of late years. Malarial fevers, frequently of a malignant type, are reported in some sections of the city, but not greatly in excess of former years—hence, we may be said to be as healthy as usual

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IOWA has a doctor who cures the disease known as shingles by cutting off the head of a cat and rubbing the blood upon the sores. How unerring is the feline instinct that drives the harmless, necessary cat to the roof o' nights, to yield its best blood to heal the shingles

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THE BRITISH MEDICAL ASSOCIATION, met in Cork, Ireland, on August 5th. Many prominent Americans were present, Drs. Sayre, Yandell and Turnbull being of the number.

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RECEPTION.—On the 18th of this month Dr. H. P. C. Wilson will entertain the members of the American Gynecological Society, and other friends, at his residence on Park Avenue.

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THE STATE MEDICAL SOCIETY of Virginia, will meet in annual session in Alexandria, Va., in the latter part of next month.

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THE AMERICAN PHARMACEUTICAL ASSOCIATION will meet in Indianapolis, Indiana, on the 9th inst.

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SEE advertisements of Buffalo Lithia Springs and Messrs. C. T. White & Co., of New York.

## BOOKS AND PAMPHLETS.

*Pocket Therapeutics and Dose Book.* By MORSE STEWART, JR. B. A., M. D., Second Edition, Revised and Enlarged, Detroit, Mich.: Geo. D. Stewart. Price, Cloth $1.00, Morocco $1.30.

This little book has been entirely rewritten and now contains more than three times as much matter as the former edition. It will be found of great service to the student, practitioner and pharmacist as a remembrancer in cases of doubt or emergency. In small compass it can be carried in the vest pocket and will be found useful on all occasions.

*Transactions of the State Medical Society of Arkansas*, at its Fourth Annual Session. Little Rock: BLOCHER & MITCHELL.

This is a very neat volume of ninety-eight pages containing the minutes of the session and some very valuable contributions, to the medical literature of the day, in the form of committee reports and individual papers.

*The Treatment of Epithelioma of the Cervix Uteri.* By J. MARION SIMS, M. D., Reprint from *American Journal of Obstetrics*, New York: Wm. Wood & Co., 1879.

Everything emanating from the pen of this distinguished gynæcologist is read with interest and appreciation. The subject is treated in the author's usual vigorous style and will repay a careful perusal.

*Hearing and How to Keep It.* By CHAS. H. BURNETT, M. D., Consulting Aurist to the Pennsylvania Institution for the Deaf and Dumb, Aurist to Presbyterian Hospital. Philadelphia: Lindsay & Blakiston, 1879. Price 50 cents.

Messrs. Lindsay & Blakiston, the enterprising Philadelphia publishers, have begun the publication of a series of small volumes on subjects pertaining to Sanitary Science and the Preservation of Health, written by American authors of established reputation, selected with reference to their special knowledge of the subject from previous study or as private and public teachers.

This is number one of the series of American Health Primers, as they are called, and is edited by W. W. Keen, M. D., Fellow of the College of Physicians of Philadelphia.

The author, Dr. Chas. H. Burnett, is peculiarly well fitted for the task assigned him which he has discharged in a most acceptable manner, the book beginning with the anatomy and physiology of the ear, and going through the chief diseases and injuries, to which it is liable, and concluding with the general hygiene of the ear. Several of these primers are now in press and will be issued in a short while. We bespeak for them a favorable reception and attentive perusal.

*Transactions of the Medical Society of the State of Tennessee, 1879.* Nashville: "American" Book and Job Rooms.

This is an attractive volume of 205 pages containing a record of the proceedings of the Forty-sixth Annual Meeting of the Tennessee State Medical Society. The papers, all on subjects of present interest to the profession, are carefully prepared and well presented.

*A Few Well Established Facts in Connection with Squint.* By J. J. Chisolm, M. D., Professor of Eye and Ear Surgery, University of Maryland, Reprint from Transactions Medical and Chirurgical Faculty of Maryland, 1879. Baltimore: Maryland Medical Journal Steam Printing House.

*Yellow Fever.* By Thomas B. Evans, M. D., Reprint from Transactions of Medical and Chirurgical Faculty of Maryland, 1879. Baltimore: Maryland Medical Journal Steam Printing House.

*Long Life, and How to Reach It.* By J. G. Richardson, M. D., Professor of Hygiene, in the University of Pennsylvania. Philadelphia: Lindsay & Blakiston, Price 50 cents. For Sale by Cushings & Bailey, Baltimore.

This, No. 2 of the American Health Primers, is a very neat 16 mo. volume, neatly printed on tinted paper and bound in cloth. It contains 160 pages devoted to the causes and prevention of diseases and practical hints as to preparation for the various stages of life from the cradle to the grave. These little books are

not intended (save incidentally) to assist in curing disease, but to teach people how to take care of themselves, their children, their pupils, and their employes. That they will fully subserve their purpose is amply proven by the avidity with which they are read by all classes.

*The Advantages and Accidents of Artificial Anæsthesia*, A Manual of Anæsthetic Agents, and their employment in the treatment of disease. By LAWRENCE TURNBULL, M. D., PH. G., Aural Surgeon to Jefferson Medical College Hospital, etc., Second Edition, Revised and Enlarged. Philadelphia: Lindsay and Blakiston, 1879.

The favorable reception accorded this valuable treatise on a subject of supreme importance to the medical and dental professions has necessitated a second edition in the short space of one year. The subject matter has been revised and a number of new and original experiments have been made; especially with hydrobromic ether.

The book now contains 314 pages, with twenty-seven illustrations. All in all it is a work that is absolutely indispensable to every operator, and once known and appreciated, as it deserves, will occupy a prominent place in the library of every progressive physician and dentist.

## OBITUARY RECORD.

THOS. C. KENNARD, M. D., of Kent County, Maryland.—Dr. Thos. C. Kennard, son of Isaac and Caterine Kennard, was born near Baltimore on Sept. 14th, 1802.

After receiving a good preliminary education, he studied medicine in Baltimore and graduated at the University of Maryland in the spring of 1822. Soon afterwards, he commenced the practice of his profession in Kent County, Maryland, on the Eastern Shore, where he resided until the day of his death, February 25th, 1879. For more than twenty-five years he enjoyed a very

lucrative practice, which, combined with a good income from his fine farms, enabled him to retire from his profession when about fifty years of age and to devote the balance of his life to agricultural pursuits, in which he took so much pleasure. He was a man of great mind, indomitable will and unflinching courage; one who had few superiors mentally; was a leader in everything that he undertook and was universally admired and respected by all who knew him well. He was a delegate to the American Medical Association about 1852 and a permanent member for several years afterwards, and never lost interest in his profession. His domestic life was a happy one. He married Jane E. Hanson, a native of Kent County, Maryland, on May 22d, 1827, who was a kind and affectionate wife, and with whom he lived for nearly *fifty-two years* on the same farm where she was born and where she still resides. They had thirteen children, six of whom are still living, viz., Dr. Thos. Kennard, of St. Louis, Judge John H. Kennard, of New Orleans, Henry C. Kennard, Esq., of Baltimore, their youngest son, and two daughters, who still reside at the old homestead, Elmwood, Kent Co., Md.—St. Louis *Medical and Surgical Journal*.

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Death of Mr. Maunder.—Another sudden death has occurred in the ranks of the medical profession. Mr. C. F. Maunder, Surgeon to the London Hospital, died suddenly on Friday, August 22nd, at the early age of 47.

Charles Maunder received his early training in the Royal Infirmary, Edinburgh, where he studied surgery under the late Mr. Syme; he subsequently continued his studies at Paris and Guy's Hospital; and entered the profession in 1854.

In 1857, he was admitted a Fellow of the Royal College of Surgeons; and in the same year was appointed Demonstrator of Anatomy at Guy's Hospital; and from this time devoted himself to practical surgery. During the Crimean war, he served as Assistant-Surgeon in the Renkioi Hospital.

In 1860, he was appointed Assistant-Surgeon at the London Hospital, becoming full Surgeon in 1869.

Mr. Maunder is well known as an operator, and as having contributed to the development of several important procedures in practical surgery.

He was a good speaker and lecturer, and delivered the Lettsomian Lectures in 1875 on "the Surgery of the Arteries." As an author, he produced a very excellent work on *Operative Surgery*, besides various contributions on surgical diseases.

For about a year, his health had been obviously failing; and in May last, on the recommendation of his professsional friends, he withdrew for awhile from his active duties at the hospital, and went into the country to recruit his health. These means, however, failed to restore health; he never rallied, and died suddenly on July 4th.

Mr. Maunder was valued by his colleagues and by all who knew him as a man of thorough truthfulness and straightforward action; he always displayed great interest in the London Hospital and Medical School; and his name will long be held in remembrance by all who worked with him.

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Dr. Jerome C. V. Smith, author of several books, and an eminent physician, died August 20th, in Richmond, Mass., aged eighty-three. Dr. Smith was the founder of the Boston *Medical Intelligencer* and conducted it for many years. He edited also the *Medical World* and the Boston *Weekly News Letter*. He was Professor of Anatomy and Physiology in the New York Thirteenth Street Medical College, author of a history of the American Indians, a treatise on the honey bee, a class book on anatomy, and several books about Eastern countries, beside many shorter miscellaneous works. He was Port Physician of Boston from 1826 to 1849, a member of the Massachusetts Legislature in 1837 and 1848, and was elected Mayor of Boston in 1854.

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Assistant Surgeon Lemuel J. Draper, United States navy, died on Sunday last, August 24, at St. Louis, where he was on duty. He leaves a wife and five children. He was born in Delaware, and was appointed from that State in May, 1863, by the late President Lincoln.

Death of a County Physician.—Dr. Wm. Fisher residing on the Hookstown road, two miles above Pikesville, died at his residence August 7th, at 4 o'clock, in his 86th year, after having been sick several years of general debility. Dr. Fisher practised medicine for a number of years in Baltimore, and moved to his late residence about twenty years ago. He was never married. He leaves a large fortune, a good portion of which will go to charitable institutions.

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Dr. Charles Rowland died at his late residence, 149 Henry Street, Brooklyn, New York, at the age of 79 years. He had been in practice there during the greater part of fifty-three years. He was one of the oldest practitioners in the county, having joined the Medical Society in 1835. He was a native of Fairfield, Conn., and a graduate in medicine from the Medical Institution of Yale College in 1824.

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Dr. William O. Mosely, jr., a young physician of Boston, met his death on the Matterhorn, in Switzerland, Aug. 15th. He had made the ascent, and was descending, when he slipped and fell over a precipice, killing him instantly.

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Dr. William Henry Young, F. R. C. S., who died recently in London at the age of 93, was on the medical staff of the British army at the battle of Waterloo, and had previously served in the Peninsula campaign.

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Dr. M. B. Wright, of Cincinnati, Emeritus Professor of Obstetrics in the Medical College of Ohio, died at his home August 16, 1879, at a ripe age.

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## ORIGINAL PAPERS.

### SOME RECENT OPERATIONS IN SURGERY.

BY OSCAR J. COSKERY, M. D., PROFESSOR OF SURGERY, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE, MD.

CASE I.—Frank M., aged 20, had suffered with difficulty in micturition as long "as he could remember." Five years ago a stone was detected in his bladder but no attempt at extraction made. Was first seen by me in January of this year. A metallic catheter easily struck a hard, rough body, while the sound, assisted by Billroth's sounding-board, gave out a loud distinct click. In the last week of January I operated upon him with the lithotome introduced by the late Prof. N. R. Smith, and extracted, after considerable difficulty in grasping, a phosphate of lime calculus, weighing, in the fresh state three ounces and one drachm. The stone was encysted in the anterior wall of the bladder, behind the symphisis pubis, and could only be grasped at a disadvantage. Its diameters are 2¼ inches by 1⅞ by 1½ inches, and weighs now, in the dry state, 1080 grains, Troy. On the second day after the operation the pulse rose to 110, the temperature to 101° and there was complaint of great tenderness over lower portion of abdomen. Five days after this, the pulse and temperature were normal, and pain had disappeared, but it was only on the twenty-first day that urine commenced to flow regularly through the penis, and then only in part. The urine was persistently cloudy with phosphates, and the perineal wound after contracting to about 1 mm. in breadth would go no farther and

for fully three months longer the urine was about equally divided between the natural passage and the wound in the perineum. Bougies were used steadily for a time, nitro-hydrochloric acid, &c., with no effect until, at the suggestion of a highly esteemed friend, benzoic acid, in five grain doses three times a day, was tried. Under its use the cloudiness of the urine ceased and the wound rapidly closed. On August 1st, the patient was perfectly well except that if he took a long walk the desire to micturate was frequent, while when standing, sitting, or lying still he could control his urine for six or eight hours.

Remarks—The point of interest is the size of the stone; for statistics show that of every three stones of three ounces in weight extracted, two patients die. The completeness with which it was encysted was another point, as, upon one occasion, when all prepared to operate, notwithstanding its size, it could not be found after an hour's patient search; again the readiness with which the urine cleared up and the fistula closed are of interest. I should state that the permanence of the fistula was supposed to depend upon the getting into its track of sabulous matter.

Case 2.—James S., aged 50 years, a laborer and born in Ireland. In good health, his weight was 175 pounds. Since January 1st, 1878, has suffered from some difficulty in defecation, and has passed blood at stools, but there was then no great pain. In April pain and tenusmus became very severe, the blood continued, sometimes in small quantities and sometimes in larger, but the desire to attempt defecation was almost constant; patient being obliged to go to the closet every two hours. Natural stools, however, were rare; eight days often intermitting. These symptoms steadily grew worse, the man emaciated rapidly, and on March 2nd, 1879, when admitted into hospital was reduced to 130 pounds.

State on admission: thin, anemic, that drawn expression of face, peculiar to long continued and severe pain, complaining greatly of bearing down sensations in lower part of rectum and running constantly to the water closet to pass considerable quantities of blood. He had suffered from pain in urinating, and could not sit or walk with any comfort. On passing finger into rec-

tum, through a very tight sphincter, an irregular knobbed mass was found to begin about 1½ inches above the anus, and, while tightly adherent all around to the wall of the gut, extended beyond reach of the finger and bled freely. Upon examining the belly no enlarged lumbar glands could be detected but a hard irregular mass was referred to the sigmoid flexure of the colon. The diagnosis of epithelioma was made, the critical condition of the patient made known to him and colotomy was suggested and acceeded to.

The patient was kept under observation for nearly three weeks and finding things going worse the operation of Amussat as amended by Bryant was done. The finger was not passed into the belly at all, but upon tearing apart the loose subperitoneal fat at the spot pointed out by Allingham the greenish-grey gut pouched up, a string was used to pull the colon to the surface, the gut was then opened transversely and stitched to the skin by five silk sutures. The cut in the intestine was not longer than half an inch, and one small vessel was necessarily cut in the operation but no nerves were seen. One stitch was used to bring together the gaping skin in the posterior portion of the wound. A pad of lint and oakum was applied and left for 18 hours. From this time the wound was dressed twice daily, the fœcal discharge increased constantly, and the opening into the colon was enlarged by the finger. Opium and chinchonidia were given freely for first week with slops. On the 24th, an enema of warm water was given through the rectum—a portion coming through the new anus. On March 28th, pus was discharging freely from wound, but no symptoms of peritonitis had been observed. On March 30th, first large fœcal discharge through wound. On April 6th, patient sat up and next day was walking about ward. Progress was uninterrupted and all fœcal matter passed through wound. April 30th, went to work, and has not been seen since.

Case 3.—Mrs. McC, had received a complete rupture of her perineum at the time of the birth of her first child, eighteen years ago. About five yeers since, during parturition, the tear was continued into the rectum, and from that time she has had no control over her bowels. On examination a rent was discovered

extending one and a quarter inches up the rectum. The anus and vulva formed a cloaca, owing to the absence of perineum. The uterus was large and prolapsed. The first operation was undertaken for the closure of the rectum and succeeded so far as to reduce the slit to only one quarter inch in length. (The spiucter was divided upon one side in the operation). One month afterwards the restoration of the perineum was attempted. The mucous membrane was raised very far forwards, and three deep sutures used. These were taken out on the fifth day, and one month after the operation the perineum was found to measure nearly one inch in length, and the opening into the vagina was very small. Since then there has been no difficulty with the bowel, (now completely restored,) and the patient is well, except that the large uterus, pressing into a vagina dilated above, gives pain when the patient attempts a prolonged walk. Several varieties of stem pessaries have been used to support the uterus, but after a few days wearing it has been necessary to remove them. The condition of the patient is however very different from that in which she was for so many years during which time she was incapable of performing the duties incident to her position of mother of a large family, and she was almost, at times indeed, quite "*hors de Societe*."

Case 4.—Howard G., aged six, a strong, hearty country boy, while eating a watermelon on August 23rd, 1879, sucked one of the seed into his windpipe. Suffocative cough and vomiting followed immediately, but next day child was so much better, and the cough was so slight, that it was thought by his parents that the seed had disappeared. The child had fever every night, and moaned in his sleep, and in a few days the attacks of cough again came on at intervals. This condition continuing, the child was brought to Baltimore, nearly two hundred miles away, and first seen by me on September 5th, 1879. Over the whole chest mucous rales could be heard, most distinctly upon the right side. No positive "click" could be gotten in respiration, but something like a clear tap could be heard, and was referred to the upper portion of the trachea, during the cough. On September 8th, no improvement having followed inversion and slapping the back

during the coughing spell, the trachea was opened under chloroform. As soon as the incision through the windpipe was completed (involving the three upper rings and the cricoid cartilage), a sharp attack of cough came on, and the seed was shot out to some distance. There was very little hemorrhage during the whole operation, and the wound was at once closed with adhesive plaster. There was no consecutive cough, no rise of temperature, the mucous rales heard before the operation soon passed away, and the wound healed almost by first intention. The child was as well as ever in ten days.

Case 5.—Frank F., aged 16, mechanic, while attempting to shift a belt upon some machinery, had his forearm caught, and he was lifted some distance before the engine could be stopped. On admission into City Hospital, there was found a large laceration of the upper arm, and involving the *biceps* muscle, together with a compound fracture of humerus, a green stick fract of radius and a badly bent ulna. Moreover there was no pulsation in the arteries below the axillary space, nor sensation in hand or forearm. Next day the arm was exarticulated, at the shoulder joint by the lateral flap method, and transfixion. Very slight hemorrhage took place, and it was found that the axillary artery was filled with a clot for three-quarters of an inch above the point of section. The vessel was bared to above the clot, and the ligature applied there. A dry-lint dressing was put on. Immediately after the operation the pulse was 144.

In the evening the patient had vomited some, but had slept and was comfortable. The next day the temperature was 101.5°, respirations 22, and sighing. Patient slightly delirious. The pulse, temperature and respiration continued high, with occasional delirium until March 16th, or eight days after the operation, when the ligature came away with no hemorrhage. Pus was found to have collected below the clavicle, a free opening was made into it, and a drainage-tube inserted. On March 25th, hemorrhage came on to extent of nearly a computed half-pint, which was controlled by continued pressure over the subclavian, and it did not return. From this date, under absolute rest and quiet for nearly a month, the boy recovered completely with a perfect stump.

Remarks.—One point of interest is the coming off of the ligature eight days after the operation. Another is the consecutive hemorrhage (about the source there could be no doubt), coming on ten days after the separation, or eighteen days after the amputation.

## NOTES ON CASES OF FRACTURE IN THE AGED.

BY JOHN JAS. BERRY, M. D., HOSPITAL FOR THE RUPTURED AND CRIPPLED, N. Y.

The apparent tendency on the part of many surgeons to overestimate the influence of age in the repair of fractured bones leads me to trust that a report of a few cases presenting this variety of injury, and illustrating the kindly manner in which they have generally undergone repair, will not prove uninteresting to the profession.

*Hamilton, Gross, Erichsen, and †Malgaigne are among those who do not consider advanced age a great impediment to the union of fractures, provided it be associated with no disease or constitutional taint, although, with the exception of the surgeon first mentioned, they allow patients of this class a much longer time for convalescence that has been found necessary in the cases under consideration.

Other authorities, however, among whom may be quoted Sir A. Cooper, Chelius, Bryant and others, consider five, six and seven weeks none too long a period for the consummation of the healing process.

The following, selected from notes of twenty cases of fracture occurring in subjects over fifty years of age—many of which I had an opportunity of observing at the "Chambers Street Hospital," through the kindness of Dr. Bull, the attending surgeon, are perhaps most worthy of consideration, as, in these, union has occurred in an exceptionally brief period.

*"Notes on Fractures and Dislocations"
†"Traite des Fractures."

CASE I.—*Supra-condyloid fracture of humerus in a patient seventy years of age; Rectangular plaster of Paris splint; good union in four weeks.*

Mr. R., æt. 70, presented himself at the above hospital, claiming to have injured his arm, seven hours previously, by falling upon the elbow. On examination, he was found to have sustained a fracture of the right humerus—the solution of continuity occurring in a transverse direction, just above the condyles of the latter. Accompanying the injury was much swelling and deformity, the latter being caused by a partial dislocation backwards and upwards of the lower fragment. The other signs of fracture, *i. e.* localized pain, crepitus, mobility of fragments and some shortening of the arm, were readily appreciated. The lower fragment having been brought into a proper relation with its shaft, and the arm flexed to a right angle, wet plaster of Paris bandages were applied, extending from the wrist to the axilla. After solidification of the dressing had taken place, and proper directions as to subsequent visits been given, the patient was allowed to return home.

Throughout the first week he visited us at frequent intervals, but no change was made in the dressing, as no indication for its removal presented itself. At the expiration of this time there existed considerable swelling of the hand, and, so far as could be ascertained from the tightness of the splint, the elbow was in the same condition; upon removing the dressing this was found to be the case. In lieu of the former, another rectangular splint was now made, it being composed of strips of cloth, soaked in a thick mixture of plaster of Paris, and applied to the posterior surface of the semiflexed arm, extending a little over half-way around the same, so that firm support to the limb, as well as facility of re-application to the latter, was secured. During the third week, this splint was occasionally removed, and passive motion of the elbow made as a precautionary measure against anchylosis of the joint.

Near the end of the fourth week, good union having taken place, the splint was discontinued. At this time some callus could be felt at the point of fracture, but the functions of the joint

seemed little impaired, as flexion could be made to four-fifths, and extension to three-fourths of their normal distances. The patient was advised to continue the use of passive motion, at the same time employing warm douches with friction to the parts affected, that the normal flexibility of the joint might be finally secured.

CASE II.—*Fracture of the surgical neck of humerus in a patient seventy-six years of age; guttapercha shoulder cap; firm union in three weeks.*

Mr. F., seventy-six years of age, while alighting from his carriage, slipped and fell heavily to the side-walk, striking upon the extremity of the shoulder. He was seen two hours after the occurrence of the accident and, on examination, presented evidence of a fracture of the neck of the humerus just below its tuberosities. Crepitus and mobility were very well marked; the upper fragment was slightly displaced upward, while the lower was drawn inwards and upwards by the muscles attached thereto. The head could be distinctly felt in its socket, though it did not move with the shaft when the latter was rotated; there was some shortening of the arm from displacement, but apparently no injury done to the soft parts thereabouts. A dressing was at once applied. The arm having been bandaged to the elbow, and the shoulder enveloped in a thin layer of cotton, a guttapercha splint was moulded and applied to the outer aspect of the arm, being fitted accurately to the convexity of the shoulder. A thin co-aptation splint was then placed over the inner surface of the arm and the whole subsequently retained in position by adhesive strips and a spica bandage. The fore-arm was kept quiet by allowing it to rest at right angles in a sling.

This case progressed so favorably that it was not deemed necessary to disturb the splints for two weeks—occasional tightening of them being only required. At the expiration of this period, however, they were removed, but there being no excoriation or even pain around the seat of injury, they were reapplied. During the third week he complained of no inconvenience or pain from the fracture with the exception of one attack of a neuralgic character, which was promptly relieved by a hypodermic injection of

morphia. He was now directed to employ slight passive motion of the elbow and shoulder joints—the splints being kept meanwhile in careful adjustment. At the expiration of the third week, no untoward symptoms having presented themselves, the dressing was removed. Examination at this time showed little impairment of the functions of the joint, motion being excellent and giving rise to little pain. Some callus could be distinguished at the point of fracture. Motion at the elbow joint was almost perfect, though extreme flexion and extension gave rise to pain. For the relief of these conditions, passive motion, *massage* and the warm douche were to be employed.

The fact that in both of the above cases passive motion was begun comparatively early in the period of convalescence, and was attended with happy results, leads us to dwell for a moment upon this subject. It is held by many surgeons that the joints near the seat of a fracture should be kept in a state of quiescence for four or more weeks—considering union as not taking place until the expiration of that time. Malgaigne does not advise motion until the end of thirty or thirty-five days—postponing it onger in the aged, while Sir A. Cooper*, remarks, that fractures in the upper extremity, occurring in the aged, unite in from eight to twenty weeks, and that passive motion should be made when union has taken place. †Chelius records fractures of the humerus as becoming firmly united at the end of forty days, and though not stating at what time passive motion is to be employed, presumably delays it until the expiration of that time. This plan of treatment however, has gradually fallen into disuse—most surgeons at the present time, considering the employment of motion advisable as soon as the solidity of the bones is sufficient to admit of it.

In cases of fracture involving the joints, or occurring in close proximity to them, it is generally admitted that passive motion should be longer delayed, though Allis ‡and some others consider four weeks the average time at which it should be attempted.

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*"On Dislocations and Fractures."
†"Handbuch der allgemeinen Chirurgie."
‡"Phil. Med Times," Aug., 1879.

Cases of this nature, in which we have observed the employment of this measure during the third week with good results, cause us to accept this opinion with some reluctance; nevertheless, the employment of motion during the third week would in some cases, we imagine, be attended with unfavorable results. The practice of keeping joints immovable for many weeks, we are assured from the study of not a few cases, is often productive of lasting impairment of joint function, and acts possibly as an exciting cause of joint disease. On the other hand, early motion, judiciously employed, while preserving the integrity of the synovial membrane and ligaments, and preventing degenerative changes in the muscles, in no way interferes with the process of repair.

CASE III.—*Oblique fracture of clavicle in a woman seventy years of age; Velpeau and Sayre dressings; firm union in five weeks.*

Ellen S., æt. 70, presented herself at the hospital, Feb. 8th, having sustained an oblique fracture of the right clavicle at its outer third.

The parts around the seat of injury were much contused, and showed extensive ecchymosis; there was also marked deformity —the shoulder falling downwards and forwards, producing obliquity and wide separation of the fragments.

The broken extremities having been brought as closely as possible into apposition, a "Velpeau dressing" was applied.

Feb. 12th.—It was found on this day that the apparatus, from its tendency to become loose, did not hold the arm and shoulder with sufficient firmness to warrant union; it was therefore discontinued, and the apparatus consisting of two broad bands of adhesive plaster, and commonly known as the "Sayre dressing," was applied.

On Feb. 17th.—The patient returned saying that she was no longer able to endure the pain caused by the cramped position of the elbow. This also having been removed, the arm was placed in a sling, and confined to the side by a roller bandage, passing over it and encircling the body—this being the method used by Post many years ago, and subsequently by Hamilton.

This simple dressing she wore with comfort up to March 10th,

when its use was no longer considered necessary. An examination made at that time showed that firm union had taken place between the broken fragments. There was considerable callus and quite marked deformity, though motion at the elbow and shoulder joints was excellent.

CASE IV. —*Fracture of radius and ulna occurring in a woman eighty-six years old; antero-posterior splints; union in four weeks.*

Mrs. G., aged eighty-six years, fell upon the forearm a few hours previous to her admission into the hospital, and sustained a slightly oblique fracture of both bones of the forearm, about an inch above the wrist joint.

There was marked crepitus, and much mobility between the fragments, with considerable deformity due partly to swelling and severe contusion of the wrist, and partly to the position of the lower fragments, which were drawn inwards and slightly upwards by muscular action; the hand was carried very perceptibly toward the ulnar side of the arm. This mal-position of the fragments having been overcome by proper manipulation, a pair of straight well padded splints were applied in such a manner that their lower extremities overlapped the wrist and bases of the metacarpal bones. The hand having been subsequently bandaged, and the arm placed in a sling, the patient walked to her home with little or no difficulty.

During the two succeeding weeks she came at regular and frequent intervals that the splints might be loosened and re-adjusted, which was found necessary for the relief of swelling and pain near the points of fracture, which she experienced in a marked degree.

At the expiration of the second week, it was deemed advisable to discontinue the use of the posterior splint for the above reasons—the other being kept firmly in position by adhesive strips and a roller bandage. In addition to this, the fingers and hand were kept tightly bandaged, and the forearm was raised higher upon the chest that the undue congestion might be diminished by the force of gravitation.

From that time there was a gradual subsidence of the swelling, though it did not entirely disappear for a number of weeks sub-

sequently. Pain, which prevented, to a certain extent, the employment of the usual method of treatment, likewise existed at the fourth week. In disregard, however, of these symptoms, the splint was placed higher up on the arm, and passive motion employed. The movements of the joints were quite free, though accompanied by excruciating pain. Although union had apparently taken place at the end of the fourth week, the splint was not removed for ten days subsequently, as it gave comfort by its support.

CASE V.—*Fracture of clavicle and inferior maxilla in a woman sixty-five years old; sling and "four tailed" bandage; recovery in three weeks.*

Mrs. L., aged sixty, while crossing the street, was knocked down and run over by a heavy express wagon. She was brought to the hospital by ambulance soon after the occurrence of the accident, and on examination, was found by the surgeons present to have received a fracture of the left clavicle, at the junction of the middle and outer thirds, as well as of the ascending ramus of the inferior maxillary bone. The severe contusions present in various regions of the body, rendered it unadvisable to confine the movements of the body by fracture apparatus; the arm was therefore placed in a sling and confined to the side by a roller bandage, while the movements of the jaw were limited by the "four tailed" bandage, used by Skey, Syme, Chelius and others, for fractures of this variety.

No unfavorable symptoms manifested themselves throughout the treatment of this case—the patient complaining more of the contusions received, than of the pain arising from the fractures. She was able to take liquid food easily, and the act of deglutition was accompanied by no distressing symptoms.

July 16th.—The dressings were removed and the parts examined. The movements of the jaw were perfect, if we except a slight stiffness, due to want of motion. Mastication was associated with no pain, and there was present no evidence of imperfect union. The clavicle also had firmly united, although the fragments had been joined together at quite an angle, giving rise to considerable deformity. The movements at the shoulder and

elbow joints were very little limited, and passive motion of the same gave rise to little pain. Full directions having been given her as to the employment of measures to restore the impaired joint function, she was discharged cured.

The cases above cited, including those of which notes have been made, impress us by the comparative shortness of time in which repair has taken place, for in many good union has been found to exist even before the end of the third week; we must recollect, however, that the symptoms of pain, stiffness and swelling have often existed long after union has occurred.

In aged subjects who are perfectly healthy, and who labor under no constitutional taint, union of fractured bones, we are led to believe, occurs in a period very little exceeding that required by patients in middle life. Fractures of the femur, we imagine, behave less kindly under treatment than do those occurring in the upper extremity, though less opportunity has been afforded us of forming an unbiased opinion regarding them.

An interesting feature existing in many of these cases, is the pain which remains long after repair of the fracture has taken place; the nature of the cause giving rise to this symptom is not easy of explanation; the existence of callus as a factor in its production is not recognized very generally by surgeons, although *Hilton and a few others acknowledge it. †Reuillet states that this symptom occurs very infrequently from such a cause, and this opinion is held by other equally eminent authorities. But whether it be generally due to pressure from this or any other inflammatory product—from injury to the nerve trunk at the time fracture occurred, or from other conditions associated with the process of repair, we are not at present prepared to state; suffice it to say, however, that in many cases an excessive amount of callus was the only condition ascertainable for the production of this symptom.

*"Rest and Pain," Am. Edit. 1879.

†"Etude sur les paralysies du membre superieur liees aux fractures de l'humerus," Paris, 1869.

## CORRSPONDENCE.

NEW ORLEANS, LA., SEPT. 23RD, 1879.

*Messrs Editors:*

The proceedings of the *Louisiana State Medical Society*, at the meeting held in April last, have just been published in a neat volume. The principal paper read at the meeting was on the "Comparative Pathology of Malarial and Yellow Fevers," by Prof. Joseph Jones, an exhaustive summary of the history of yellow fever in Louisiana since the first recorded appearance of the disease (coeval with the first settlement by the French,) on Bay St. Louis to the epidemic of 1878 inclusive. It clearly appears from this historical summary that yellow fever has been a cause of death in this city every year, except two, from 1817 to 1878 inclusive. The two exceptions were 1821 and 1861 when no deaths from yellow fever were recorded. The total number of deaths from this disease for the 62 years enumerated was 41,829, a little less than one in eight of the total mortality from all causes. The most violent epidemics were those of

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|---|---|---|---|---|---|
| 1817, | with | 823 | deaths, | Population | 24,196. |
| 1822 | " | 808 | " | " | 31,706. |
| 1829 | " | 900 | " | " | 47,561. |
| 1833 | " | 1000 | " | " | 57,713. |
| 1837 | " | 1300 | " | " | 68,229. |
| 1841 | " | 1325 | " | " | 78,745. |
| 1847 | " | 2804 | " | " | 108,699. |
| 1853 | " | 7849 | " | " | 154,132. |
| 1854 | " | 2425 | " | " | 156,556. |
| 1855 | " | 2670 | " | " | 158,980. |
| 1858 | " | 4855 | " | " | 165,450. |
| 1867 | " | 3107 | " | " | 181,269. |
| 1878 | " | 4056 | " | " | 210,000. |

A very simple calculation will show that the mortality from yellow fever was less in proportion to the inhabitants in 1878, than in 1817, 1822, 1847, 1853 and 1858. Prof. Jones compares the yellow fever mortality in New Orleans with the increase in population, and claims to "have established a close relationship between the origin and spread of yellow fever in New Orleans, and the accumulation of unacclimated persons."

Prof. Jones arrives at the conclusion, in which he is supported by many if not most of the physicians of New Orleans, that yellow fever may and does originate *de novo* in this city, that the records show that

no system of quarantine, however strict, has succeeded in keeping it out, and that its prevalence will be to a certain extent a measure of the unacclimated accessions to the population.

After reviewing the meteorological conditions of New Orleans, and comparing them with those of Havana and Vera Cruz, Prof. Jones summarises his conclusions as follows:

"1. The increase in the number and extent of the epidemics of yellow fever in New Orleans, has been intimately associated with the accumulation of unacclimated human beings in the city, and with the increase of commerce and the consequent crowding, and the accumulation of filth and crowd-poison in ships, and in badly constructed and badly drained and policed habitations."

"2. By its geographical position, by its peculiar topography, situated upon a low, alluvial, badly drained, swampy plain, surrounded by large bodies of water; by the exposure of an extended river bank, putrid, stagnant canals and marshes, by defective drainage, sewerage and police, and by its hot and moist climate, New Orleans has been peculiarly exposed to the ravages of yellow fever."

"3. No such marked differences exist between the climate of New Orleans and that of Havana and Vera Cruz, as would warrant the assertion that yellow fever is always endemic in the latter two cities, and that at the same time it cannot originate *de novo* in the former. Whilst it is the wish of every true patriot to claim all excellences of position and health for the land of his choice and love, at the same time the future advancement of sanitary science and the highest interests of humanity demand that all causes of disease whether existing in the soil or climate should be honestly stated and fully weighed. In sanitary science, as well as in disease and the science of medicine, the proper remedies and preventatives can only be fully appreciated by a comprehension of all the dangers and difficulties."

"4. Those who hold to the view that yellow fever never originates in New Orleans, but is *always imported*, must at least be forced by the past history of the great epidemics of this city, to admit that its climate and situation are such as to admit of the easy lodgment and rapid propagation of the seeds of this disease."

"5. Every system which would look exclusively to the defence of New Orleans from pestilence by quarantine, is vicious, and destructive at once to commerce and the best interests of the city, in that it leads to the neglect of those sanitary measures which will best promote the

removal and eradication of the causes of disease, and the re noval of those physical conditions which promote the rapid spread of destructive epidemics,"

"6. It may be possible to institute at once a just and enlightened system of quarantine, and hygienic rules among the agents, and in the vehicles of commerce, and an enlarged and progressive system of sanitation, embracing thorough drainage, abundant water supply, rapid and efficient removal of all excrementitious matter and the proper elevation and construction of well-ventilated and thoroughly policed houses."

Prof. Jones adds a synoptical view of the nature, symptoms and pathological anatomy of yellow fever drawn especially from original observations. Altogether the paper is one of great value, and an important contribution to the literature of yellow fever. At another time I shall take occasion to give the results of an examination of Prof. Jones' conclusions, and endeavor to show to what extent they may be justified when looked at from a different point of view.

The excellent health of the city referred to in my last letter continues, the average death-rate for last week being 17.1 per thousand. Up to date there have been only twenty-nine cases of yellow fever in the city during the summer. Three of these were brought from Morgan City, leaving only twenty-six as properly belonging to New Orleans.

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## CLINICAL REPORTS.

### A CASE OF GUN SHOT WOUND OF THE BLADDER.

BY L. L STATON, M. D., OF TARBORO', NORTH CAROLINA.

GENTLEMEN :—

At your solicitation I forward to you a report of the following case, that it may be recorded and perhaps guide others in similar troubles :

In March 1877, I was consulted by a highly intelligent gentleman æt. 42, and requested to make a careful and thorough examination of his case and give my opinion. He gave the following history :

In the spring of 1865, during one of the fights around Richmond, Va., he was wounded while upon his horse; the ball striking the left thigh, passing upward and inward under Poupart's Ligament. The surgeon in attendance at the time, failed to trace it further, but gave it as his opinion that he would die, and administered opiates freely to relieve the pain which at the time was excessive. In this condition he was conveyed quite a distance, but becoming exhausted he found shelter in one of the many hospitable families of Virginia. Here he had all the attention and medical skill possible. He had considerable infiltration of urine, which frequently passed downwards through the internal wound, but he does not know whether or not any ever passed out of the external opening. Had hemorrhage from the bladder—per urethra.—The external wound soon healed, but the hemorrhage from the bladder continued.

Contrary to the opinion of medical advisers and friends, he slowly but gradually improved, and at the end of three months, (the war having ended) was able to travel home,—a distance of 200 miles, when his family physician, after repeated examinations, located the ball at the neck of the bladder (outside) and encysted. Several other physicians saw him and concurred in the diagnosis of the family physician.

He gradually grew stronger until he was able to go about with some degree of comfort, *but was never able to pass his urine while standing*. Upon assuming a recumbent position the urine would be voided, accompanied with more or less pain; and frequently, after much exertion on his part, he would have considerable hemorrhage—per urethra. In turning from any position in which he had been lying for any length of time to another, he would often feel something move, as if in the bladder—always accompanied with pain.

In the spring of 1872, he consulted Prof. Agnew, of Philadelphia, who gave the opinion that the ball was in the bladder, but on account of the condition of the patient at that time, did not advise operative interference; advising, however, that he return home, live a sedentary life, and so soon as his general health began to decline, to return and he would operate.

Upon reporting the opinion of Dr. Agnew to the family physician he re-examined the gentleman, and adhered to his former opinion, viz: that the ball was not *in* the bladder but encysted at its neck, and could not be removed with any chance of life.

So in this condition, with his medical advisers differing so widely, he had almost despaired of ever obtaining relief. This I presume was the cause of his being so particular in giving instructions "to make a careful and thorough examination, and give a candid opinion."

Examination:—It was with some little difficulty that I was able to introduce into the bladder a small sound—owing to its tenderness, but so soon as its introduction was accomplished, the unmistakable "click" could be distinctly heard by the patient as well as myself, and by careful handling—with some force—I was enabled to carry the ball to the fundus of the bladder, where it would remain while the patient was reclining, but upon his rising he could distinctly feel it return to the mouth of the bladder with, what he expressed, a "thump."

By thus handling the ball I was without difficulty enabled to convince him that the "encysted" idea was absurd.

He now insisted upon its immediate removal saying that he could not live in his present condition. His general health and anæmic condition would not admit of an operation at the time, as I thought, so I placed him upon a tonic plan of treatment, and promised, as soon as practicable, to give him the only remaining chance of life,—an operation. I was unable to improve his general health, and seeing that he was fast declining, I operated, on the 16th day of April 1877, thirteen years subsequent to his receiving the wound, using Nathan R. Smith's instruments.

Upon entering the bladder I had no trouble in finding the ball, which was lying just below the entrance, in a *cul de sac*, formed by the long and continuous weight of the ball. With the ordinary "duck bill" forceps I found no difficulty in extracting it.

Found it, upon external examination, *flat*, 1¼ inches wide, 1½ inches long; some little phosphatic deposit upon its surfaces, with *sharp* edges. (This accounts for the frequent hemorrhages).

No hemorrhage during the operation, but four hours afterwards had to combat considerable hemorrhage, which was checked by an injection of a strong solution of per nitrate iron through the perineal incision.

April 17th.—Patient has been unable to sleep. Pulse 150—and very weak; nausea; stomach will retain nothing.

Gave beef tea and brandy per rectum, and hypodermic injections of morphia ¼gr. Feels faint at times, but is quiet, and reposes with eyes closed. Urine passing through the incision.

April 18th.—General condition much worse; has been unable to retain anything either per orem or per rectum; sphincter ani perfectly relaxed; pulse barely perceptible at the wrist; respiration hurried, and superficial; no pain, but very restless. It was now apparent that unless something was done, at once, he would die. I injected 2dr. brandy hypodermically, and determined upon transfusion of blood, but having nothing better at hand to furnish the blood, (it being in the country and at a late hour of the night,) I was forced to resort to an ordinary fowl (an old hen). Procuring this, I divided the carotid artery and allowed the blood to flow in a cup floating in water heated to a temperature of 100° F.—whipping the fibrine out as fast as possible.

I injected the remaining fluid in the femoral artery of my patient with a large hypodermic syringe—injecting very slowly, but continuously until I had introduced over one ounce and a half. In less than five minutes thereafter, the patient was asleep. Finding the extremities cold, applied hot cloths and bottles filled with warm water.

*He slept for three hours uninterrupted.* Soon after the transfusion I could distinctly feel the pulse at the wrist.

Upon awakening he asked for "chicken broth," said he had been dreaming about it, and described his present feelings as if "he was turning around very rapidly."

The chicken broth was soon made (from the identical old hen), and the patient took a moderate quantity with quite a relish. This was the first thing—solid or fluid—which his stomach had retained since the operation.

From this hour he steadily improved; the circulation however being depressed for many days.

On the twelfth day he passed urine through the urethra, and in three weeks from the day of operating he was able to ride out—which he did, but was troubled with ulcers at every point at which brandy was injected hypodermically.

Remarks :—As may be imagined, I used the blood of a chicken, not in preference, but as an absolute necessity, because, as stated, it was quite a distance in the country,—at dead of night, and a lamb could not have been obtained in time for the purpose. Either the transfusion of blood, or the hypodermic injections of brandy (or perhaps both), produced immediate and happy results, for, as before stated, in less than five minutes thereafter he fell into a quiet sleep which lasted for three hours. The great change in the circulation was likewise almost immediately perceptible; during the three hours sleep and upon awakening he was perspiring freely. From this time, he had no alarming symptoms, but his circulation remained feeble for a considerable time. He is now attending to his ordinary duties of life—that of a farmer —and, while he is not robust, yet has no symptom of his old trouble, nor has he been confined to bed from disease of any character since his recovery.

## REPORTS OF SOCIETIES.

### REPORT OF THE AMERICAN GYNECOLOGICAL SOCIETY.

The Fourth Annual Meeting of the American Gynecological Society convened in the Hopkins Hall in this city at 9.30 o'clock, September 17th, 1879.

The President Dr. T. Galliard Thomas, of New York, called the meeting to order, and announced the order of business. The secretary called the roll, and a majority of the members of the society responded to their names.

Prof. Wm. T. Howard, of Baltimore, delivered the following

WELCOME ADDRESS:

*Fellows of the American Gynecological Society:*

The honor has devolved upon me of tendering to you, and our invited guests, the greetings and hospitalities of the occasion.

Let me say, at once, that we welcome you as friends,—friends by the ties of personal respect and regard; that we welcome you as brothers—brothers and collaborators in the great cause of science and humanity.

If our annual assembling had no other incident or end, than the pleasure of meeting each other; if it accomplished no other good than recurrent opportunities afforded for social intercourse and the interchange of personal courtesies, the formation and cementing of cherished friendships, the binding together of hearts kindred in feeling, because kindred in the aims and aspirations of the same high calling; it were well, amid the toils and struggles of crowded life to gain pause for these bright intervals, and indulge the culture and enjoyment of those gentler and nobler amenities that lend to life its genial light and grace, its consolation and charms.

But we have assembled for graver, if not loftier purposes. In the progress of medical science and art, as in the advancement of so many other departments of human activity, the wide range of learning and discovery still enlarging its boundaries and ramifications, often precludes the possibility, with our limited faculties and existence, of that combined accuracy and extent of knowledge and experience in the treatment of the multiform phases of disease, so requisite to assured skill and success; and, hence, *specialties* have sprung up as at once the out growth of necessity and the flower of hope for the profession.

As to each of these,—while remembering the never failing importance of general practice, we may say in the lines of Goëthe, prefixed to the published volumes of our Transactions:

As a star,
  Which doth not haste,
But doth not rest,
  Let each pursue
His special quest.

Those three volumes of the published "*Transactions of the Gynecological Society*," exhibit some of the valuable first fruits of an organization, which, though young in years, has already been greatly useful in its results and influences. We have there garnered the rich treasures of wise observation and enlightened discussion in this new and difficult field of inquiry, conducted by some of the acutest and soundest thinkers of the day, upon a great variety of interesting and important topics.

You have come together again, gentlemen, to bring your contributions to the common fund of facts from which the laws of disease and the instruments of its alleviation are to be derived. You have come from your distant homes in different sections of our great country not to struggle in ambitious contests for Olympian honors, but, in generous rivalry, to bear each his sheaf of golden grain to the general storehouse of knowledge; and, as "peace hath her victories, no less renowned than war," so these sheaves are your wreaths of fame, as noble as the laurel or the palm.

Among the distinguished members present, I am sure I but share the general feeling of pleasure in observing one (Dr. J. Marion Sims,) lately returned to us from a prolonged absence abroad, whose early, continuous, and invaluable contributions to Gynecology, have received equal recognition in both hemispheres.

Gentlemen, one and all, in the name of the profession of our city, I bid you an earnest and cordial welcome,—I give you the right hand of fellowship and brotherhood,—I ask you to feel at home in our hearts and homes!

The President requested all honorary members and ex-presidents of the Society present to take seats upon the stage. Prof. D. C. Gilman, President of the Johns Hopkins University was invited to take a seat upon the stage. Prof. Gilman made a brief address welcoming the society to Baltimore, and especially to the Hopkins Hall. The character and work of the Johns Hopkins University and Hospital were next explained to the Society by Prof. Gilman.

The President called for the reading of original papers, and

announced the paper of Dr. J. P. White, of Buffalo to be the first on the programme.

Dr. White's paper was upon

INTRA-UTERINE MEDICATION.

And was in warm advocacy of this plan of treating intra-uterine inflammations. Dr. White's paper was based upon the study of cases and long experience in the employment of Intra-Uterine Medication. Dr. White presented several instruments he had invented for dilating the cervix uteri, and for making applications to the uterine mucous membrane, also a sponge tent which he had adopted in his practice with the best results.

Dr. White advocated the plan of incising the mucous membrane of the cervix in some four or five different points before introducing a sponge tent. He thought this method of great assistance in hastening dilatation.

The next paper read was by Dr. Robt. Battey, of Rome, Ga., on

INTRA-UTERINE MEDICATION BY IODIZED PHENOL.

Unfavorably impressed with the results obtained from Intra-Uterine Medication by nitrate of silver and nitric acid Dr. Battey instituted a series of experiments, hoping to find an eligible substitute which would be efficient as a remedy, and at the same time leave the uterus in a normal state. Iodine in the form of the tincture, and carbolic acid alone, and in combination had been tried, and found to be inefficient.

The use of carbolic acid as a solvent for iodine suggested itself to Dr. Battey; a trial of the solvent power was found to be unexpectedly good.

Solutions of 1, 2 and 3, and eventually of 4 parts iodine to 8 parts by weight of liquefied carbolic acid were prepared and placed upon trial.

The strongest solution was found too energetic, too caustic in its action, but is useful in disintegrating uterine cancer, as a supplement to the curette. For ordinary purposes the 2 parts to 8 solution has proven to be an eligible formula and to this solution Dr. Battey gave the name Iodized Phenol. It is a deeply colored,

almost black, syrupy liquid exhaling a very pungent odor of iodine which does not solidify at ordinary temperature, is a permanent preparation, and under glass stopper may be kept indefinitely.

Its Iodine strength is nearly double that of Churchill's concentrated tincture. Dr. Battey found most satisfactory results with Iodized Phenol, and having communicated the formula to a number of professional friends who put it to successful test, he brought it to the notice of the profession in the February, 1877, number of the *American Practitioner*. A yet more large experience and favorable reports from many physicians warrants the opinion that it is worthy of wider dissemination.

Cotton wool readily imbibes the solution, and as readily imparts it to the surfaces. Dr. Battey prefers that form of cotton known to spinners as "the lap." Its absorbent power is very excellent. The energy of the application is regulated by the quantity used, and the period of contact with the tissues. Iodized Phenol gives but little pain as compared with nitrate of silver. The rapid absorption is evidenced by the taste in the mouth and throat which is remarked in from five to ten minutes. When the saturated cotton is left in the uterus for twelve to twenty-four hours, it is withdrawn perfectly blanched, the iodine having been entirely absorbed, and by virtue of the disinfectant powers of the remedy it is quite free from any offensive odor. The uterus becomes thoroughly saturated with the iodine which passes into the circulation, and acts in an alterative way. The applications are renewed ordinarily three or four times in the inter-menstrual period, the interval varying with the sensitiveness of the uterus, as well as with the energy of treatment. In the dilatation and softening of the uterus which the medicated cotton tent induces flexions of the organ gradually yield, and are not unfrequently entirely overcome without the use of mechanical means; sub-involution disappears, menorrhagia dependent upon villosities of the endometrium is effectually removed without the use of the curette, and the puffy, swollen cervix with broad slip is often so completely transformed as to restore it to a truly vaginal type.

The cervical glands are not destroyed by the treatment, the

cervical endometrium becomes healthy and not cicatricial in texture and in no instance has stenosis followed within the knowledge of Dr. Battey. Dr. Battey does not claim that rapid cures in chronic cases of long standing are to be effected by this method of treatment. This paper closes with a full report of cases illustrating the therapeutic value of iodized phenol

In the discussion following the reading of Dr. White's and Dr. Battey's papers, the following members of the society took part:—Drs. J. Marion Sims, Isaac Taylor, W. T. Howard, Fordyce Barker, John Byrne, P. F. Mundé, Wm. Goodell, N. Bozeman H. P. C. Wilson, Thad. J. Reamy and the president, Dr. Thomas. This discussion elicited decided difference of opinion in regard to Intra-uterine Medication. It is worthy of comment that men of large experience and careful observation should differ so radically in the manner of treating a diseased organ such as the uterus. The discussion was of a most interesting character and was conducted in such a manner as to throw additional information upon this important subject.

The next paper presented to the society was by Dr. J. R. Chadwick, of Boston,

ON CASES OF AUTOGENETIC SEPTICÆMIA IN GYNECOLOGICAL PRACTICE.

This paper begins with an inquiry into the nature of Septicæmia, and its character and symptoms are illustrated by a report of five cases.

Case 1.—Was that of a woman who aborted in her second pregnancy between her fourth and fifth month. The placenta had been retained and the absorption of septic matter resulted after the removal of as much of the adherent placenta as could be detached; liquor ferri perchloridi one part to four of water was injected to prevent hemorrhage. Incipient septicæmia due to absorption of blood clots formed of iron and of the placental fragments was diagnosed.

The cavity of the uterus was washed out night and morning for a week with a solution of permanganate of potash. The discharge ceased and patient recovered.

Case 2.—Was that of a multipara 28 years of age from whom

a 3 months dead fœtus had been removed with a decomposing placenta, slow septicæmia developed from absorption. Injections of solution of permanganate of potash were used as in case 1, leading to perfect recovery.

In Case 3.—Labor occurred at term with perineal rupture, absorption of septic matter took place and septicæmia was developed. Intra-uterine injections of same solution as used in cases one and two were made by this method. The solution was carefully injected into the vagina, with the patient lying upon her side, until the fluid began to ooze from the vulva, the patient was then gradually turned upon her face while the injection into the vagina was continued. By this plan Dr. Chadwick believes that the vagina was distended to its utmost as in the knee and elbow position, while the uterus gravitated into the abdominal cavity and allowed the fluid to flow through the patulous cervical canal into the cavity of the organ with the force of pneumatic pressure, any air that might thus be forced into the vaginal by the syringe would remain in the vagina and thus the possible danger of its passage into the uterine sinuses be avoided. The method was employed most successfully in this case.

Case 4.—Was that of a normal labor followed by septicæmia with erysipelas as one manifestation and malaria as a complication.

In Case 5.—Septicæmia followed the attempt at enucleation of a submucous fibroid tumor of the uterus.

All of these cases presented certain characteristic features in common. In all the uterine cavity presented extensive denuded or wounded surfaces in direct contact with which were tissues presumably undergoing decomposition. In each case a severe chill supervened upon a state of apparent perfect health, not attended or followed by pain or vomiting, or other signs of inflammation. An abnormal insensibility to pain with a very high fever were constant symptoms.

In the treatment of these cases the same general course was observed. Injections of a sol. of permanganate of potash were used to remove the decomposing masses and to cleanse, by disinfection, the uterine canal. A few crystals of the permanganate

were dropped into a cup of hot water until the solution was of a deep dark color, no exact estimate of its strength being required. Dr. C. thinks the permanganate of potash equally efficient with any known disinfectant and possesses one great advantage over any other in that it gives evidence by a change in the color in the solution from a deep dark to a dirty yellow so long as there is putrid matter to be rendered inert. It has a marked astringent effect upon the vaginal walls which, besides rendering the putrescent matter inoffensive, also might so astringe the denuded surfaces as to deprive them for a time of absorbent properties. Dr. Chadwick thinks carbolic acid in solution objectionable from the fact that it is liable to be absorbed from the uterine cavity and produce virulent poison and death.

Dr. E. W. Jenks, of Chicago, contributed a paper entitled

THE TREATMENT OF PUERPERAL SEPTICÆMIA BY INTRA-UTERINE INJECTIONS.

Dr. Jenks began his paper with a review of the history of Intra-Uterine Injections, which indicates that the use of injections, even in the treatment of puerperal diseases as well as non-puerperal affections, has been subject to many changes, at one time praised beyond measure, at another entirely abandoned. The paper sums up the literature of the subject from Hippocrates down to the present day, and presents the views of different eminent writers in Europe and America. Considerable difference of opinion exists in regard to the method of treatment and the injections used. After carefully reviewing the matter, Dr. Jenks arrives at the opinion that the Intra-Uterine drainage, by immovable tubes, seems to possess not a single advantage but what can be claimed for Intra-Uterine injections, and is decidedly less free from objections. Dr. Jenks recognizes the danger of using injections within the cavity of the undilated non-puerperal uterus. He very reluctantly began the use of injections into the uterus for septicæmia, but satisfactory results from the use of Intra-Uterine injections in the limited number of cases under his observation has convinced him that they should be used more than is customary in the treatment of puerperal disease. Dr. Jenks believes

that by exercising care and prudence there need be no accidents in consequence of washing out the puerperal uterus with antiseptic fluid. He has made Intra-Uterine injections in sixteen cases with puerperal disorders occurring during the past eighteen months. The remedies used were solutions of carbolic acid, and permanganate of potash the former having been used alone more frequently; sometimes they were used alternately, and in a few cases combined. In no case was salicylic acid given by means of injection though it was prescribed as a constitutional remedy with quinia and other medicines in several instances. Dr. Jenks gives the histories of three cases differing widely in symptoms, as showing most marked results. These cases illustrate the value of Intra-Uterine injections where the morbid phenomena were decidedly different, and yet the primal cause of each was essentially the same. In none of these cases were injections used prior to the third day succeeding labor. The length of time they were employed varied from three to sixteen days depending upon uterine discharge and temperature. The best instrument for washing out the uterus is the "so called" Fountain Syringe.

Dr. Jenks adopts the following conclusions:

1. In its wide spreading relations to other causes of puerperal diseases and of death, septicæmia stands pre eminent, for although puerperal diseases are designated by different names many lesions of the circulatory, respiratory and nervous systems are the direct or indirect poisoning, therefore it is obviously the plain duty of every obstetrician to prevent the absorption of decomposing materials from the uterus.

2. The objections which have been made to intra-uterine injections in the treatment of non-puerperal uterine diseases are not applicable to their use for the prophylaxis or treatment of puerperal septicæmia.

3. The number of deaths attributed to intra-uterine injections have in the majority of instances occurred when they were used for other purposes than washing out the uterus with antiseptic fluids.

4. When death has taken place on account of washing out the

uterine cavity after childbirth, with a simple antiseptic wash, the fatal result has not been in consequence of the injection itself, but from the improper manner of giving it.

5. By the observance of proper precautions on the part of obstetricians this mode of treatment is rendered harmless. To secure entire immunity from danger, certain requisites are important. (a) The mouth and neck of uterus should be well dilated. (b) Air must not be admitted with the injection. (c) Fluid injected slowly and without much force. (d) The fluid used not of lower temperature than normal body temperature. (e) Powerful astringents under no circumstances to be injected within body of uterus.

6. The use of these injections ought never to be intrusted to a nurse or inexperienced assistant, but the accoucheur should give them himself.

7. Intra-uterine injections should be used invariably succeeding childbirth if there exist any of following conditions: (a) If there is a premature cessation of the lochia with any constitutional disturbance (b) If there exist a purulent or fetid uterine discharge. (c) Whenever there is any abnormality of the lochia or offensive uterine discharge attended by elevation of temperature or increased frequency of pulse. (d) When there are good reasons for believing that the uterus contains fragments of placenta or is imperfectly contracted and contains clots of animal substance.

8. Intra uterine injections should be used more generally in the prophylaxis and treatment of puerperal diseases than has heretofore been customary for following reasons: (a) If properly used they are devoid of danger and capable of great good. (b) There are no other remedial agents which act so speedily in lowering temperature of puerperal septicæmia. (c) They are peculiarly serviceable in causing the expulsion of clots or fragments of the placenta and aid in facilitating subinvolution. (d) They have averted a number of deaths from septic poison.

Dr. A. D. Sinclair reported a case of Puerperal Septicæmia, which illustrated many points of interest, and was listened to with much attention.

The discussion on these papers was conducted by Drs. Fordyce Barker, Skene, Kimball, Goodell, Erich, Chadwick, Thomas and others.

ADDRESS OF DR. T. GALLIARD THOMAS, OF NEW YORK.

Dr. T. Galliard Thomas, of New York, president of the association, delivered the annual address. The burthen of his remarks was the aid to be derived from a proper combination of medical and surgical practice in the treatment of diseases peculiar to women, to relieve her as far as possible from the mandate, "In sorrow shalt thou bring forth children." From the discourse the idea was derived that among medical practitioners there is a wide difference of opinion as to how surgery should be an aid to the purely medical practitioner. "For centuries, he said," all the drugs in the pharmacopœia were exhausted in vain attempts to cure the ovarian dropsy. All those suffering from that affection died; surgery offered the means of cure. Within two years a gynecological surgeon was made the object of severe criticism because, after failure to give relief to a woman in anguish from chronic cystitis, he effected the result by creating a vesico-vaginal fistula. Yet, let any conscientious physician watch day after day, and night after night, the agony of one of these women, and let him see the immediate relief, the blissful surcease from sorrow, given by that simple surgical procedure, and he will ask himself what could be the origin of such illogical opposition. The nineteenth century has no stomach for compromise with those who willfully obstruct her onward march in any field of science or art. The truly conservative are now willing to listen to new proposals, to weigh new ideas, and to return thanks for their suggestion, even if they prove impracticable. He who does otherwise, does not seriously damage that which he depreciates without trial, and he succeeds only in attaching the stamp of Dogberry to himself."

"As every step in our calling, which in diagnosis or pathology subordinates theory to demonstration, constitutes a steady advance of medicine toward the position of an exact science, so does every one who puts a portion of its domain under the control of

'handwork' 'surgery' advance treatment from theory towards certainty. Shall we stand idle when every other department of medicine is making rapid advances by the recognition of this important truth? In the special departments evidence of such advance is too patent to require mention. Look into general medicine and read there the signs of the times. Pleuritic and pericardial effusions are removed by tapping; poisons are taken from the stomach, urine from the bladder, air from the intestines, and serum from the brain by aspiration; cavities in the lungs are injected; abscesses of the liver opened; the pelvis of the kidney cut into for stone; the gall-bladder invaded; nerves affected by neuralgia stretched and severed, all for the purpose of supplementing, by surgical resources, the short-comings of pure medicine. Recognizing and fully appreciating that the gynecological surgeons of our time are steadily advancing upon the road of progress; remembering that the measure of the violence of the opposition in the past has been the degree of merit of the proposed improvement, and assured by the fact that those procedures which have been most abused, now stand upon the safest foundations, let us strive without ceasing to bring more and more completely the pathology of our department under the dominion of our senses, the control of our hands."

In the afternoon the members of the association, by invitation, visited the Johns Hopkins Hospital, accompanied by Francis T. King, president of the board of directors, and a large number of the medical fraternity of Baltimore. Mr. King conducted the gentlemen over the grounds and buildings, explaining in a perspicuous manner the buildings in course of erection, the present arrangements for putting the hospital in working order, and the plans for the future of the institution. Dr. John S. Billings explained the improved system adopted for heating and ventilating the various wards and buildings of the hospital, the advantages of which caused much comment by the distinguished practitioners present.

Dr. Goodell's paper entitled

CLINICAL NOTES ON THE HYPERTROPHIC ELONGATION OF THE CERVIX UTERI,

came next in order.

In this paper Dr. Goodell gives his views with regard to the etiology and pathology of two forms of prolapsus of the womb, viz: the elongation of the supra-vaginal portion of the cervix and that of its infra-vaginal portion.

The former he regards as due to the traction of a prolapsing bladder and vagina upon a womb made ductile either by subinvolution or by chronic congestion. The weight of these organs lengthens out and thins out that portion of the womb, the supra-vaginal portion of the cervix, which lies between its vesico-vaginal attachment below, and its suspensory ligaments above. This form of elongation is acquired and not congenital, being usually found in child-bearing women, whose perineum and cervix have been torn; but he has seen it once in sterile married women and twice in virgins who had passed the climacteric. It occurs also more frequently in hard-working women, and especially those—such as cooks and laundresses—who stand much on their feet, and lift heavy weights at arms length.

In view of the unsatisfactory treatment of this very frequent form of prolapse, the author gives the history of such cases only as he was able to keep under subsequent observation. Their number amounts to twelve. Each one had the vaginal portion of the cervix cut off, either by the cold or by the hot wire, and in each one the vulvo-vaginal outlet was narrowed by the operation of colpo-perineorrhaphy. The wire was used, and not a sharply cutting instrument, because, in the author's opinion, some suppurative action is needed to bring on retrogressive metamorphosis in the redundant structures. The results are as follows:

Three women, since the operation, have been under observation for from five to six years, and have stayed cured.

Four women have thus far kept well for from two and a-half to four years respectively.

Three women have not up to the present time exhibited the slightest symptoms of relapse, for six months, for one year, and for one year and a-half respectively.

One woman after staying well, for four years, became pregnant. In the labor her perineum was again torn, and the bladder and vagina are beginning to prolapse. One woman was cured of the prolapse of the womb, but not of her cystocele or her rectocele.

In the amputation of the cervix the author prefers the cold wire to the hot one, because the danger from secondary hemorrhage is much less, and because the surrounding mucosa can be slid over and stitched to the stump, to which it will unite by granulations, and thus lessen the area of cicatricial contraction.

With regard, however, to the alleged cicatricial contraction of the os, resulting from the use of the hot or the cold wire, he deems its liability very much overrated. In not one of his cases was it found to exist to a pathological extent. One of them, indeed, became pregnant and gave birth to a living child, while none of the others complained of dysmenorrhœa, or needed any special local treatment.

In but one of the cases, was a special operation needed for the cystocele. With this exception, the prolapsed bladder was invariably pulled up by the permanent shrinkage of the womb, and pushed up by the pressure of the reconstructed perineum and posterior vaginal wall. This operation of colpo-perineorrhaphy also obliterated the rectocele, for by it the redundant vaginal tissue of the rectal pouch was denuded, and used up in forming the back wall of the new perineum.

Elongation of the infra-vaginal portion of the cervix, the author considers either a congenital affection or an exaggeration of a congenital affection. Very rarely has he met with it in women who have borne children, for in them the cervix usually increases in every direction by circular hypertrophy. True longitudinal hypertrophy he deems essentially an affection of virgins or of sterile women. Of this variety he has seen seven cases in which the cervix either appeared at the vulva or protruded from it. Under the form of conical cervix, however, it is frequently met with, but the elongation is then limited.

With regard to the indications for the treatment of this elongation, there can be no question. As no suppurative action is needed, the redundant portion must be cut off by the knife or the

scissors. The surrounding mucosa is then to be sewed to the mucosa of the os externum uteri by radiating stitches, which will thus prevent cicatricial contraction of the os. These stitches will also firmly compress any open-mouthed vessel, and the union of the two mucous membranes will very much shorten the process of healing,

Dr. Joseph Taber Johnson, of Washington, D. C., read a paper on

THE MISMANAGEMENT OF LABOR THE CAUSE OF MUCH OF THE GYNECOLOGICAL PRACTICE OF THE PRESENT DAY.

The doctor began by extolling the brilliant achievements and the rapid growth of Gynecology into a recognized specialty. Painful and disgusting accidents the results of which formerly doomed unfortunate sufferers to lingering lives worse than death itself, are now completely cured and conditions which years ago were hardly treated at all are now successfully operated on. So common have the diseases of women become that it has grown to be a saying now-a-days that it is as difficult to find a perfectly healthy woman as it was for Diogenes in his day, aided by his lantern, to find a perfectly honest man.

The object of this paper is to draw attention to the fact that gynecology derives much of its prominence and importance from the mismanagement of obstetrical cases, and faulty treatment during the puerperal month.

Every obstetrician sees cases in consultation which have been so mismanaged from the start as to render him powerless to prevent subsequent damage to maternal structures, or perhaps to save life. There is a growing tendency among general practitioners in the direction of assuming the responsibility of severe obstetrical operations and treatment without skilled counsel, which is not apparent in the field of gynecology. The latter branch as a specialty ranking more with ophthalmology, laryngoscopy, dermatology, and microscopy and their improvements and instrumental armamentarium, having outgrown the skill and knowledge of the family physician and surgeon, there is not so

much unwise and unskilled tampering with these branches of our science as with obstetrics.

Severe cases in these and other departments are either sent at once to the experienced specialist, or their aid in diagnosis and treatment sought,

Unfortunately for the patient, this is not so much the case in the practice of midwifery; and gynecology waxes great in the land from the necessity which exists for curing cases owing their origin to mismanagement during abortion, confinement, or the puerperal month.

The faulty treatment of abortion was referred to at considerable length. The practice of leaving the placenta and membranes in the uterus after the discharge of the ovum was condemned and many cases cited as evidence of the harm coming from such practice. It was shown, that, until recently, the weight of authority was upon the unsafe side of this very important question, and that the influence of the old obstetric dictum, that the afterbirth and its attachments should be allowed to remain an indefinite length of time in utero, no cases requiring redilatation of the cervix for their removal was shown to have been the occasion of septicæmia, hemorrhage, fibroid tumors and continued ill health in many cases.

All this could have been prevented by proper care. The fact was emphasized that accoucheurs should not allow cases to pass from their hands until they were relieved of all the effects of confinement.

The neglected cases formed a surprisingly large quota of gynecologists' work.

Many of the fistulæs which come to us for operation it has been demonstrated by Emmet and others are produced by too long pressure during the second stage of labor and should have been prevented by a timely use of the forceps; likewise, much of the pelvic cellulitis, contusions, and lacerations of the cervix.

The use of antiseptic injections was referred to at length and instances cited of harm from their neglect and excellent results from their employment, in cases where a putrid discharge existed after abortion or natural labor.

The effects of prolonged pressure in producing conditions which called for the services of the gynecologist months after the attending physician had ceased his visits was dwelt upon, and were too familiar to all to require detailed mention.

Also the too early rupture of the amniotic sac and too much digital manipulation of the cervix uteri. Trouble arose too often from the excessive and unwise use of ergot during labor and work thereby prepared for the gynecologist as well as fatal results to the child.

To the delivery of the placenta and membranes by pulling upon the cord and the use of the hand within the uterus was attributed subsequent uterine disease bringing patients within the range of gynecology.

Gynecologists in charge of female clinics trace the cause of many of the diseases for which women apply to them for treatment back to too early resumption of their avocations, after abortion or confinement, or to mismanagement of the third stage of labor.

While some women are undoubtedly benefited by an earlier sitting up than the customary nine days, when under such constant and able control as they receive at the Preston Retreat in Philadelphia, and can ride about and walk out in two weeks after confinement many women and perhaps the majority are injured by it.

The fact remains that involution is not completed until the expiration of about six weeks, in healthy women, and all the conditions favoring sub-involution and uterine displacement being present, many cases occur.

The process of involution is interfered with or arrested by uterine displacements, and the consequent disturbance of the uterine and pelvic circulation, is a prolific cause of the hyperplasias, hypertrophys, chronic cystitis and general pelvic irritation, which we have so much difficulty in relieving.

It is precisely this class of patients, who pass unrelieved from the care of one physician to another, until they finally fall into the hands of the experienced gynecologist, who recognises the

primal origin of the protean maladies, and by appropriate treatment heals them.

The forceps when used by a skilled hand, is capable of more good to the human race than any other instrument used by the profession. More lives are saved and more calamity averted by its skillful use than by any other one instrument, and yet, holding this idea with pride and tenacity we cannot close our eyes to the fact that the bungling use of this wonderful instrument by hasty and inexperienced hands, is liable to bring and has brought discredit and distrust upon it. Gynecologists are treating cases constantly, the beginnings of which date back to a forceps operation badly performed by an inexperienced physician.

The manner of applying the blades, the direction and extent of the tractive force required in individual cases, the length of the interval between the times of application of this *vis a fronte*, the management of the perineum and the removal of the blades, the control of the uterus for the prevention of hemorrhage, and expulsion of the placenta, are all points which cannot be learned in a day, or by a few trials.

When we consider the effects of lack of skill and experience in the performance of the high forceps operation—the supra-pelvic operation, as Barnes has recently called it—we are led at once to give assent to the fourth proposition of Barnes in the discussion just closed in the London Obstetrical Society, viz: "that in proportion as the head was "arrested high in the pelvis, in the brim, or "above the brim, the necessity, the utility, "and the safety of the forceps becomes "less frequent." And to agree with Braxton Hicks that the above is a self evident fact, and "as a corollary "from the preceding propositions, increasing caution in determining on the use of "the forceps and greater skill in carrying out the operation are called for."

It is quite as evident that injury is done the maternal structures in version and craniotomy when performed by the tyro, as in the forceps operation.

Dr. Johnston has seen rupture of the cervix produced by the hasty thrusting of the hand and arm of the operator through an

irritable and partially dilated *os* for the performance of podalic version in a case of placenta previa.

The hemorrhage being the element of danger, when that is under control, and the presenting part of the child can be converted into a tampon by Hick's method of combined external and internal manipulation, the patient is saved from the dangers of podalic version.

Dr. Johnston referred to two cases when women were secured from the dangers of placenta previa, only to die from uncontrolled oozing of blood from lacerations in the vascular cervix; and many cases are upon record of metritis, phlebitis, phlegmasia dolens, cervical lacerations and like injuries produced by the hasty, unwise, unskillful and unnecessary turning operations for the relief of placenta previa.

Version-forceps operations and craniotomy done in a contracted pelvis, often result in damage to the soft parts. The risk, however, is necessary, and is less than the certain danger of remaining undelivered.

The slipping of the perforating scissors and the removal of spiculæ of bone by Meigs' craniotomy forceps have produced such injury as to give the patient little choice between Scylla and Charybdis.

It might formerly have been considered the least of two evils, but by the use of the curved trephine, cranioclast, and cephalotribe, these dangers are greatly lessened.

A patient is entitled, when undergoing the exhaustion of a lingering or difficult labor, to the best of skill, and the most improved instruments, and that physician who attempts the performance of the capital operations in obstetrics, without these necessary factors of success, assumes a very grave responsibility.

Dr. P. F. Mundé, read an able and insructive paper on Prolapse of the Ovaries which was well received and ably discussed by the society.

Dr. J. C. Reeve, of Dayton, Ohio, reported a case of

EXTRA-UTERINE PREGNANCY CURED BY ELECTROLYSIS,

which was a most excellent contribution to the literature of this subject.

Dr. Reeve's paper elicited an able and animated discussion, which may be regarded as the most interesting and instructive debate of the meeting.

Dr. Isaac E. Taylor's paper on

THE EARLY APPLICATION OF THE FORCEPS IN THE THIRD STAGE OF NATURAL LABOR,

Was a strong argument in advocacy of the use of the forceps. This paper was warmly discussed, and its principles questioned by some of the debaters.

ELECTION OF OFFICERS FOR ENSUING YEAR.—President, Dr. J. Marion Sims; Vice-Presidents, Dr. W. T. Howard, of Baltimore, Dr. Robt. Battey, of Rome, Ga.; Secretary, Dr. J. R. Chadwick, of Boston; Treasurer, Dr. P. F. Mundé. Cincinnati selected as place of meeting in 1880.

## SELECTIONS.

THE USES OF THE HOT-WATER DOUCHE IN PARTURITION.—Dr. Albert H. Smith, in a paper read before the Philadelphia County Medical Society (*Phila. Med. Times*, Aug. 16, 1879), claims as facts proven by experience that the hot-water douche (110° to 115°) thrown upon the cervix uteri or the rim of the undilated os will stimulate contraction of the longitudinal and oblique muscular fibres of the uterus into an expulsive effort, while the circular fibres surrounding the os relax under its influence; 2d, that a similar douche thrown into the cavity of the relaxed and bleeding uterus, after the expulsion of the fœtus or the placenta, will produce prompt and vigorous condensation of the uterine walls, with an immediate closure of the sinuses, and 3d, that a like application to a bleeding surface from laceration in the passage of the child through the pelvic canal will arrest the hemorrhage at any point, whether it be from a tear of the circular artery in the cervix, or from rupture of the vascular tissues upon the anterior margin of the vulva about the vestibule, or from the furrows upon the posterior wall and the labia.

Dr. Smith has found the application to the cervix of the hot douche thoroughly and rapidly effectual in the first stage of normal labour at full time, almost equally rapid in a rigid condition in an accidental premature, and more slowly—though with ultimate effect—in the induction of labour in a quiescent uterus. The method of application is simple. The patient should lie upon her back, with a bed-pan placed far under her sacrum, so that there should be no danger of the water getting upon her clothing.

The injection should be thrown into the vagina with a syringe with a rubber tube and metal nozzle with a large hole in the end, and Dr. Smith prefers the Davidson bulb-syringe, as the stream can be driven with more force, and with the intermittent action necessary with that instrument. A quart to three pints of water medicated with ℥ ij of 90 per cent. solution of carbolic acid, or ℥ ss of Labarraque's solution should be thrown into the vagina. The pipe being directed *against* the cervix, not into it. The douche may be repeated every hour or two, according to the demands of the case, or the violence of its results.

The condition in which we get the most signal effects from the douche is that of uterine inertia after the placental delivery, and in this condition Dr. Smith is inclined to think that we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of post-partum hemorrhage, and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted.

The nozzle should be carried on the index finger into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distension of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened; the nozzle is to be carried to the os uteri, and directed into the orifice. If the coagula in the uterus are loose and not abundant, the force of the stream may be sufficient without carrying the finger into the uterine cavity, but if the hemorrhage has been great, and the uterus distended, it is better boldly to introduce the pipe, guarded by the finger, and moving it around gently, let it, with the aid of the stream, detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centres of coagulation. While this is going on, the hand upon the uterine

tumour feels it steadily and, generally, instantly contracting, condensing itself into a firm, hard mass, receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from colour, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched and compressed in the hand of the accoucheur or of an assistant until all probability of secondary relation is over.

Finding the use of the douche so successful in controlling hemorrhage, it has naturally followed to adopt it as a preventive, and for nearly two years past Dr. Smith has been resorting to its use habitually (or at least wherever at all easily practicable) in every case of labour. The apparatus is made ready during the latter stages of labour, and so soon as the placenta is delivered, the douche is administered precisely as just directed for the relief of hemorrhage, except that it will rarely be necessary to carry the finger and the pipe farther than to the os uteri (the *internal* os, the external os, and cervical cavity being expanded at this stage). The vagina is thus cleansed and disinfected by the water—medicated as before—the clots are washed from the lower segment of the uterus, and the organ stimulated to contract—which it does firmly, rarely showing a disposition to relax, and often remaining low do n in the pelvic cavity below the brim for twenty-four hours; and in no case so far, where satisfactorily done, has any flooding occurred after it. After-pains are diminished greatly, and the lochia but slightly abundant.

As to any danger from the absorption of the carbolized solution, it seems almost impossible, where the outlet of the uterus is so patulous as it is after labour, that any fluid could be retained in its cavity long enough to be absorbed; but the recent statements of so reliable an authority as Fritsch, that serious consequences have followed its use in some cases, would make it desirable that every precaution should be taken against such retention.—*Monthly Abstract.*

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An Efficient Ether Inhaler.—By B. F. Leonard, M. D., Baltimore, Maryland. In view of the confessed danger of chloroform narcosis and the inefficient means of administering ether, the Rohé-Leonard ether inhaler is recommended to the profession.

It has been in use here, both in private and hospital practice, about two years, and it has attained a local celebrity. The writer has used this inhaler in about two hundred cases, and has found it entirely satisfactory. Anæsthesia can usually be secured in two minutes, with

the expenditure of about 3 ounces of (Squibb's) ether. My usual practice is to give fifteen minutes before the proposed operation, a hypodermic injection of ¼ to ⅓, or even ½ grain of morphia, the amount being graduated by the condition of the patient and the length and severity of the operation. No stimulant is necessary; indeed, it is undesirable, since the first intimation of danger from ether is given by the respiration. Vomiting is provoked by the previous administration of the stimulant or by the process of digestion; so *always* operate on an empty stomach. Should collapse threaten, as in severe operations, like ovariotomy with numerous and strong adhesions, it is well to give whisky hypodermically. The use of this inhaler renders the danger almost *nil.* It can be used by the most inexperienced physician, or even by the nurse (under the surgeon's eye). I have used it in small rooms, at night, in obstetrics and other cases, without any danger of explosion, prolonging the anæsthesia as much as 2½ hours, with a lamp within ten feet of the patient's head.

The apparatus consists of a bag secured to a mouth-piece by a draw-string. The bag is known to the trade as the rubber sponge bag. This is lined with another bag of the same size and shape, but made of red flannel. The object of this is to take up the ether and give it up as vapor to the patient. The mouth-piece is funnel-shaped and flexible; it is the ordinary mouth-piece well known to the dentists. It fits tightly over the patient's mouth and nose, *excluding all air.* As soon as stertorous breathing sets in (which occurs in two to five minutes), withdraw the inhaler, and re-apply it as soon as there is any indication of reflex action. This must be carefully watched for, as the awakening from ether is often astonishingly rapid.

In ether anæsthesia, to be successful, the air the patient breathes must be saturated with the ether vapor. The theoretical objection has been made that the patient is compelled to inspire, a number of times, an atmosphere highly charged with carbonic acid; but practically this objection does not hold. The experiment has been tried of holding the apparatus, minus the ether, over the mouth and breathing in it for four minutes, without any appreciable result.

One objection to the use of ether is the more or less profuse bronchorrhœa it causes from irritation and congestion of the air passages. Always look for this, and remove the fluid and mucus from the mouth with a towel; should spasm of the glottis or cough begin, push the ether, and they will soon subside.

Anæsthesia is deferred by any disease which imposes a mechanical

obstruction to respiration, as tumors compressing the thoracic space, organic diseases of the lungs; in short, any condition interfering with complete expansion of the lung.

It is important to see that the head is kept fully extended. This position of itself tends to keep the respiratory passages clear and the mouth open.

The apparatus can be had of Messrs. Arnold & Son. To sum up the advantages of this inhaler: It is cheap and efficient; and, being simple in construction and mode of use, it can be used by the inexperienced by whom chloroform should never be given.—*The Obstetric Gazette*, August.

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Intra-Uterine Medication.—By J. Cattermole, M. D., L. S. A., Eng., London, Ont. *Braithwaite's Retrospect* of July, 1873, contains a very able and instructive paper by Dr. Loombe Atthill, read before the Medical Society of Dublin, on intra-uterine medication, which relates more particularly to the topical application of fuming nitric acid to the uterine cavity. The doctor very justly regarded it as the best and most efficacious remedy, in the treatment of several affections common to the interior of the womb, and for his strong advocacy of this invaluable aid in the face of much vituperative and determined opposition, he is entitled to the thanks of the profession.

It is also due to Dr. Atthill to state that he devised a very handy little speculum, by which, after dilatation with tents, sufficient cauterization may be effected in many cases. How long diseases of the womb have been treated by strong caustics is somewhat uncertain, but for the last quarter of a century in America, the British Islands, and other parts of Europe, it is well known that practitioners have applied these remedies to the interior of the uterus, and usually by means of a swab, or in a diluted form by injection. The latter method is sometimes productive of unpleasant symptoms, whilst the former, if carefully done, is generally safe, seldom followed by anything more than a little uneasiness, not often amounting to pain. It must be admitted, however, that by passing a swab charged with its medicament quickly through the cervical canal much of the remedy must be rubbed off before reaching the part intended for its reception. Many years ago, impressed with the necessity of more complete application of the caustic material, I utilized open-ended catheters for the purpose, fitted with stilette-swabs, formed by attaching to their ends lint or cotton

wool. This was certainly an improvement on the old plan, but resulted in the destruction of too many instruments.

About four years ago, it occurred to me that tubes of strong glass might be advantageously substituted, as not being likely to be chemically acted on by the material conveyed through them.

A clever chemist in this city prepared three or four of different calibre, varying from two-eighths to five or six-eighths of an inch in diameter, and about nine inches in length. Common catheter stilettes, or pieces of wire about two inches longer than the tubes rigged up with cotton, wool or lint, nicely and securely attached to their ends, can be made to act as piston-swabs. On the whole, I find these tubes very far superior to any other contrivance for the purpose. There possibly may be better, if so, I am unacquainted with the fact. Glass tubing is generally kept in great variety by druggists. By means of heat it may be readily converted into almost any shape and form desired. Their ends should be rendered smooth, and each tube may be gently bent at about an inch and a half from the end to facilitate introduction, which, after due dilatation with sponge or laminaria tents, can be accomplished easily and with the most perfect safety, by any one with a moderate amount of manipulative tact; and in cases where the os uteri and cervical canal are patulous, one of the smaller sized tubes can, without difficulty, be passed without the previous use of tents, and thus the cavity can be mopped ad libitum.

For the treatment of subacute and chronic endometritis, granular and congested conditions of the mucous membrane of the womb, uterine catarrh, and carcinomatous growths above the inner os, where topical treatment is demanded, these little instruments answer an excellent purpose. In post-partum, and other forms of uterine hemorrhage, when solutions of the perchloride of iron are had recourse to, as the dernier ressort, their simultaneous efflux will be rendered certain by using one of the larger sized tubes. I need hardly state that solids can be spplied to the uterine cavity with equal facility by the same means.

These little operations may be conveniently managed by placing the patient in the usual obstetrical position, on her left side; a large vaginal speculum may then be passed well up to the os tincæ, and the transit tube, previously warmed and well oiled, slipped through the cervical canal into the uterine cavity. In a few special cases the process may be more readily accomplished by transfixing the anterior lip with a fine tenaculum, and making sufficient traction to straighten

the cervix; sometimes instead of an ordinary large, plain speculum the duck-bill instrument of Sims may be more advantageously employed.—*Canada Lancet.*

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A Case of Nigrities Linguæ.—Dessois describes (*Gaz. des Hop.*) a case of nigrities linquæ which he observed in a student of medicine. When first seen the disease had already lasted one month, and it varied continually in intensity as well as in the extent of the black discoloration of the tongue. With a gradual increase of the symptoms the tongue became perfectly dry and fissured; the affection having reached its climax, the black layer peeled off and the tongue was left clean and red, with the exception of a very small dark spot, which then began to grow and again gradually covered the entire organ. This process was so rapid that the exfoliation occurred twice in one month. The papillæ were considerably swollen and elongated. As the cause of this affection he recognized a fungus, whose spores are lodged first at the base of the papillæ, gradually extend over the entire papillæ and penetrating between the epithelial cells soon destroy the entire epithelial coating, causing the latter to be finally cast off as dead tissue. In the layer upon the tongue's surface we find, therefore, abundant or few or even no spores at all, according to the stage of the disease at the time of examination. No very minute examinations has yet been made of this fungus. For treatment he advises trial of chlorate of potash, borax, alkalies or sublimate.—*St. Petersburger Med. Wochenschrift*, September 6, 1879.

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Therapeutic Effects of the Subcutaneous Injection of Iron, Condurango, Antihydropine and Sulphate of Zinc.—M. L. Wyschinski having made a number of experiments in the clinic of Professor Laschkevitsch, of Charkhow, communicated the results to the medical society of that city as follows:

1st. *Subcutaneous Injection of Iron.*—Professor Huguenin uses the citro-ammoniacal pyrophosphate of iron in aqueous solution, with the addition of a little albumen in order to make it less irritating. He uses sufficient quantity of the solution to give three grains at a dose. As a rule there is no trouble, but there has been in two or three cases a small abscess form in the neighborhood of the puncture. The effect of iron introduced into the system in this way is extremely good. One patient with carcinoma of the stomach was so weak as to be unable to leave the bed. After four injections he could get up and

walk a little. Another very anæmic from hæmatemesis due to an ulcer of the stomach, gained three and one-half pounds in weight during the time in which six injections were given. In a case of anasarca of cardiac origin, three injections proved sufficient to increase the quantity of the urine, and diminish the œdema. In a hysterical patient who was very anæmic, the hysterical attacks diminished in frequency and force five days after the subcutaneous injections of iron were begun. There was shown in every case a decided improvement in the general condition and strength of the patients.

The preparation used by Huguenin is the best for this purpose. DaCosta experimented with dialysed iron but never obtained so good results. He has always produced pain, swelling and small abscesses.

2d. *Condurango bark.*—The author gives the results obtained in six cases of carcinoma (two of the æsophagus and four of the stomach). In one case the vomiting and pain disappeared. In another case the result was nil. In the last four cases an evident amelioration was noted. The author thinks that the remedy has a favorable influence over the chronic catarrh of the stomach.

3d. *Antihydropine.*—After reading the paper in the *Gazette Medicale de Saint-Petersbourg* by Bogomolow and Unterberger, upon the good effects of *Blatta orientalis* in dropsy, the author determined to try the effect of the subcutaneous injection of *antihydropine* (an extract of the *Blatta orientalis*), in doses of from one to six grains four to eight times a day. Two of the patients had cirrhosis, four had heart disease and one Bright's disease.

In only one case were good effects noticed. In this one the urine increased in quantity from 650 to 1500 grains. Wyschinski concludes that it is not proved that the good results of the *Blatta orientalis* seen by Bogomolow and Unterberger were due to the antihydropine.

4th. *Sulphate of Zinc.*—This has been employed in Laschkevitsch's clinic for three or four years. The dose is one-fourth grain in a convenient solution. When the pain is great he gives at the same time one-half grain of codeine. The author has seen the result of this treatment a number of times, but he calls particular attention to the case of a young man, sixteen years of age, who for two years had suffered from anorexia, eructations and vomiting. These symptoms invariably appeared from ten minutes to an hour after each meal; weakness and emaciation were extreme. Examination revealed a slight dilatation of the stomach. Two days after beginning the sulphate of zinc treatment, the vomiting became less violent and

rarer. His appetite returned at the end of five or six days, and a short time after that he left the hospital.

The remedy is useful too in carcinoma of the stomach by its favorable action on the accompanying catarrh. We should not, however, attribute these effects to its astringent qualities, but rather to the irritation of the pneumogastric which it produces.—*Revue Medicale francaise et etrangire.*

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Sea Water in Treatment of Chronic Catarrh of the Throat.—Professor Mosler, of Griefswald, says in the *Berlin. Klinische Wochenschrift,* June 2, 1879, that he has for some years most successfully treated patients with chronic catarrh of the throat by gargling with sea water. Special rooms for gargling have been erected on the seashore in some watering places, according to his directions. It is, however, essential that the patients should be given special directions how to gargle. As the affection is generally located in the naso-pharyngeal space, it is necessary that part of the water should come in contact with the nasal cavity. In order to attain this, the gargling movements must be confined with movements of deglutition. A marked improvement in the state of the patient follows as soon as the latter has acquired this particular art of gargling. Patients who suffer from chronic pharyngitis, and who are exposed to much fatigue through singing, preaching, etc., have been completely cured by gargling twice a day for many months with a tumbler of cold water, to which is added from one to three tablespoonfuls of a twenty or twenty-five per cent. solution of sea-salt. To protect the teeth from the influence of the salt water, they must be cleaned immediately after the gargling with a tincture prepared by the author. Another of the advantages of this method is that the disposition to relapse gradually decreases, especially if the patients be directed to wash their face, neck, and forearms with cold water, and rub them dry before gargling in the morning and at night. After this has been kept up for some time, the mucous membrane of the nasal cavity and the pharynx changes entirely, and the disposition to diphtheria which predominates in certain families is greatly diminished.—*British Medical Journal,* Aug, 2, 1879.—*Monthly Abstract.*

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Crude Petroleum in Bronchial Affections.—By M. M. Griffith, M. D., Bradford Pa. Dr. M. Milton, of Bradford, Pa., several months ago called the attention of the medical profession to

the wonderful efficacy of crude petroleum as a remedy in consumption and bronchial affections generally. I have now prescribed the pills made from the "dried"[1] crude in about fifty cases with the most satisfactory results. Bronchial and laryngeal troubles are relieved from the beginning of the first dose. In consumption it has afforded more satisfaction than any other remedy that I have tried; in several cases of what might be termed incipient phthisis it has effected a permanent cure to all appearance. The crude is a popular domestic remedy in the oil country for most of the ills that flesh is heir to, but more particularly for coughs, colds and bronchial troubles generally. The profession will be slow to adopt so simple a remedy as crude petroleum in consumption; but, from the testimony now in my possession from a great number of my medical friends outside the oil country, I have no hesitancy in calling the attention of the profession to it as one of the very best means of cure in any curable case of phthisis pulmonalis. The only difficulty I have found has been the difficulty in getting patients to use the medicine in the shape of pills and the nausea they frequently produce, but by perseverance this is easily overcome. The article which I usually prescribe is found incrusted on the bottom of the tanks and has the consistency of putty, and is easily made into pills, three to five grains; one pill from three to five times per day. The cough and soreness of the lungs are speedily relieved, the night sweats diminish gradually, the appetite improves and flesh is increased. Out of the fifty cases in which I used it only three derived no particular benefit. They were cases that had about exhausted the materia medica and would not persevere. I have kept notes of twenty-five well marked cases of incipient tuberculosis consumption of the lungs, nineteen of which I considered cured, three of which are now under treatment, the balance I have lost sight of. I have no confidence in it in advanced consumption, where vomicæ have already formed.

I think it acts by preventing inflammation in the lungs, thereby retarding any further destruction of the lung tissue. It may act specifically on the disease, but I will leave this for others to investigate.

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1 "Dried" is hardly the proper expression. I send you by to-day's mail a sample of the crude that I find at the tanks and such as I have generally used as it concretes or solidifies on the rods or tubing of the wells. You can substitute the term solidified or whatever term you think best. I am at a loss to find a term that properly expresses it. The mass I send you can be made into a pilular mass by the addition of any medicine thought beneficial in the case, Dover's powders or anything else. I have sometimes used powdered soapwort root to solidify it. Any other vegetable powder would answer.

It has acted in my hands like many other medicines that I could not tell how, but that it does do it I know. It has proved beneficial in cases of asthma. It has no effect on cataarh (ozena, etc.), as the oil country is peculiarly adapted to it, and it is very frequent.—*New Preparations.*

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Nitrate of Amyl in Ague.—I tried this article for arresting the paroxysm in one case of this disease, as recommended in the last issue of the *American Medical Journal*, and it gave the happiest result. The cold stage was just coming on; hands and feet cold, and chilly sensations in the region of the spine. Patient said the remedy appeared to go to the ends of the toes in a few seconds, with the effect of producing a glow of warmth, and a complete relief of the symptoms of chill. There was a very slight fever followed, but it subsided within an hour, succeeded by a gentle perspiration. By the use of other remedies, the chill did not return.—*Dr. J. W. Trailkill, in The American Medical Journal.*

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Laxative Bread.—Mr. W. H. Taylor, in the *Lancet*, says that he has bread prepared as follows, and found it most useful in constipation and a laxative in piles: Coarse Scotch oatmeal, whole wheaten flour, coarse ordinary flour, of each equal parts. The bread can be lightened by yeast, or, to a two pound loaf, one tablespoonful of baking-powder, made of four ounces of bi-carbonate of soda, three ounces of tartaric acid, one pound of ordinary flour, rubbed well together and kept dry in a tin or well corked bottle. The bread keeps well, and a two pound loaf will be sufficient for a week, baking a portion once or twice a day in conjunction with ordinary bread.

# MARYLAND MEDICAL JOURNAL.

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T. A. ASHBY, M. D. } Editors.

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BALTIMORE, OCTOBER 1st, 1879.


## EDITORIAL NOTES.

THE AMERICAN GYNECOLOGICAL SOCIETY.—The American Gynecological Society is an able and dignified body of physicians, and its meetings have been conducted with uncommon success.

The fourth annual meeting of this Society, which convened in this city, September 17th to 20th inclusive, was attended with great interest, and in importance may be considered one of the most notable the Society has ever enjoyed. The membership in attendance was above the average, the contributions were upon the whole up to a high standard of excellence, and the debates warm, frank, able and of such character as to render them valuable additions to gynecological science.

The occasion of this meeting was one which the profession of Baltimore highly enjoyed. It was esteemed a great privilege to have this body of learned physicians to meet in our city and the profession of the city manifested their appreciation by full attendance upon its sessions and by social reunions of a most hospitable character.

The members of the Society were handsomely entertained by Profs. A. P. Smith, W. T. Howard, G. W. Miltenberger, J. J. Chisolm, and by Dr. H. P. C. Wilson, vice-president of the Society. These banquets were the occasions of much social enjoyment, an opportunity being thus afforded the profession of Baltimore to meet with their distinguished visitors around the banquet table and over the sparkling glass. The Society was tendered the use of the Hopkins Hall, by the

Trustees of the Johns Hopkins University, and also invited to visit in a body the Johns Hopkins Hospital, in process of construction, which invitation was accepted by the Society.

Our distinguished guests came from all sections of our country to discuss questions of vital importance to humanity. We trust they return to their distant homes with kind remembrances of their brief stay in our city. May all future meetings of this society be attended with the same degree of harmony and good feeling and result in as much good to medical science as the meeting just brought to its close.

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CLOSE OF FIFTH VOLUME.—We present this month the last number of the Fifth Volume of the MARYLAND MEDICAL JOURNAL, and with the next begin a new volume.

It is with no ordinary degree of satisfaction and pride that we ask our friends to compare the JOURNAL of to-day with the first issue, more than two years ago, when, with many misgivings, and distrust of our ability to win success, we bespoke for our bantling the favor of the profession, In this retrospect we trust they will not be unmindful of the time, labor and expense it has cost us to bring it to its present honorable position among the medical periodicals of the country.

It gives us great pleasure to acknowledge our indebtedness to many kind friends who have aided us in our work. We ask their continued confidence and encouragement, and to deserve their support will fill the highest measure of our ambition.

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CHANGES IN THE FACULTY OF THE UNIVERSITY OF MARYLAND.—Prof. Frank Donaldson has resigned the chair of Physiology and Hygiene in the University of Maryland, and will in future occupy the Chair of Clinical Professor of Diseases of the Throat and Chest. Prof. F. T. Miles will fill the Chairs of Physiology and Anatomy, in addition to his duty as Clinical Professor of Diseases of the Nervous System.

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EDITORIAL CHANGES.—The editorial management of the *Canada Medical and Surgical Journal*, of Montreal, has recently changed hands. Dr. Fenwich, who has been the editor of the above journal during the last fifteen years, has resigned, and his place has been supplied by Drs. Geo. Ross and W. A. Molson. We welcome these gentlemen into the editorial ranks, and wish them every success in their new field of labor.

College Improvements.—A new wing has been added to the College of Physicians and Surgeons, on the corner of Calvert and Saratoga Streets, in which an amphitheatre, and an additional lecture hall have been fitted up. The Faculty and students are to be congratulated on the excellent facilities afforded, both for the study and teaching of medicine in all its branches, in the now enlarged college and hospital buildings.

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Alexis St. Martin.—This man, who had a permanent gastric fistula, the result of a gunshot wound, and whose name has been made famous by the experiments of Dr. Beaumont, is still alive. He is residing at St. Thomas, Quebec, and is seventy-eight years old. The valvular opening in his stomach still remains.

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The regular courses of lectures at the University of Maryland and College of Physicians and Surgeons began on the first of October, with large classes.

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As this is about the season when physicians select their medical journals we respectfully ask our friends to recommend ours.

## BOOKS AND PAMPHLETS.

*Clinical Medicine.* A Systematic Treatise on the Diagnosis and Treatment of Diseases, Designed for the use of Students and Practitioners of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in the Bellevue Hospital Medical College. Published by Henry C. Lea, Philadelphia, 1879, pp. 785.

The author of this volume has a world-wide reputation as a book maker. The fact that he has prepared this book is a guarantee that it will meet with a favorable reception from the profession. The scope and character of the volume are such as will commend it at once to notice.

The volume is devoted exclusively to the Diagnosis and Treatment of Diseases, and will be found useful to the student as an aid in his clinical studies. As far as has been practicable the diseases have been arranged by grouping together those of which the diagnosis involves

differentiation from each other. Diseases are divided into general and local. The latter are distributed into classes corresponding with the different physiological systems, namely, the respiratory, circulatory, digestive, urinary and nervous. Under each of these divisions the diseases pertaining thereto are fully discussed, from a clinical standpoint viewed in the light of the latest observations and experience.

This volume is not designed to supersede more comprehensive works upon the practice of medicine, but rather to accompany such books. The study of clinical medicine has grown with recent years into a more comprehensive system than that allowed it in general treatises. The importance and usefulness of this volume will be admitted upon a careful examination of its contents.

It is a book which contains a vast amount of sound knowledge, serviceable for daily use by every practicing physican. A correct habit of recognizing diseases with promptness should be imparted to every student of medicine; when this habit is once well formed the groundwork of success in practice is laid. After a correct diagnosis of a disease has been made a knowledge of treatment is indispensable.

This volume teaches the student how to recognize a disease, and then how to treat it—two of the most important accomplishments of a well educated and skillful physician. The author has prepared the volume with a view of impressing the student and practitioner with the necessity of prosecuting clinical study early in life.

*Lessons in Gynecology.*—By WILLIAM GOODELL, A. M., M. D., Physician in Charge of the Preston Retreat; Professor of Clinical Gynecology in the University of Pennsylvania, etc., etc, with Eighty Illustrations. Published by D. G. Brinton, Philadelphia, 1879, pp. 364.

This volume is the outcome of a series of clinical and didactic lectures delivered by the author to the advanced students of the Medical Department of the University of Pennsylvania.

The volume is not a treatise upon all of the diseases of woman, but rather a practical and instructive dissertation upon different subjects in gynecology. The author has styled these discourses Lessons; an expressive title inasmuch as the subject matter is presented in a manner which will arouse the attention and teach the reader. The book is written in an easy, graceful and effective style, free from the slightest affectation or parade of words, vigorous in thought and practical, and sound in ideas. The subjects presented are such as are of prominent

importance in gynecological practice. The volume begins with Lesson I, on Gynecological Instruments; Lesson II, treats of Caruncle and other affections of the Female Urethra; Lessons III and IV, are devoted to Vesical Disorders of Women and Fistulæ of the Female Genital Organs; Lesson V is on Closure of the Vulva for Incurable Vesico-vaginal Fistulæ, Tumors of the Vulva, and so on through the volume we find treated subjects of equal importance to the gynecologist. Lesson XXIX, on The Sexual Relations as Causes of Uterine Disorders, closes this book of 364 closely printed pages. The author of these Lessons in Gynecology is recognized as a leading teacher and writer in this department of medicine.

Any one who will carefully read this volume will not deny that he has a just claim to high destinction as an author. Few men have enjoyed better opportunities for clinical study than Prof. Goodell, and few writers possess the same happy, easy and graceful manner of imparting knowledge. For the good of the profession it is to be hoped that the author will consent to write a more elaborate treatise upon gynecology. It is an arduous task to read with care many of the books presented to us for review.

Not for some time have we met with a volume so entertaining, so instructive and so easy to take in as the one before us from an author who says in his preface, "a busy life and a slow pen have long kept me from writing a book."

*First Step in Chemical Principles.* An Introduction to Modern Chemistry, Intended Especially for Beginners.—By HENRY LEFFMAN, M. D., Lecturer on Toxicology in the Summer School of Jefferson Medical College, Philadelphia. Published by Edward Stern & Co., Philadelphia. Price 50 cents.

This is a small monograph of 51 pages, designed for students beginning the study of chemistry. It is very elementary in character and will be found of little use to the student of medicine who is supposed to have studied the elements of chemistry before attending lectures in a medical school

*Sexual Neuroses.* By J. T. KENT, A. M., M. D., St. Louis; Maynard & Tedford, 1879.

A neat little monograph presented in the hope that professional minds may be stimulated to a renewed study of these important phenomena, and good may enure to the physician and patient thereby. It is practical and instructive.

*A Guide to Surgical Diagnosis.*—By CHRISTOPHER HEATH, F. R. C. S., Holme, Professor of Clinical Surgery in University College, London. Published by Lindsay & Blakiston, Philadelphia, 1879

This volume is designed to assist the student in making a prompt and correct diagnosis. The author has grouped the different surgical affections anatomically and has arranged the symptoms of each in the order in which they would strike a painstaking observer. He has pointed out the differential diagnosis of affections likely to be confounded, arranging the symptoms according to their order of importance. The work teaches the student *how* to observe and *what* to observe in any given case.

The volume is designed for beginners and will be found practical and convenient for use.

*A Manual of the Principles and Practice of Operative Surgery.* By STEPHEN SMITH, A. M., M. D., Surgeon to Bellevue and St. Vincent Hospital, New York. Houghton Osgood & Co., Publishers, pp. 687, 1879.

This is a work which will bear close examination and excite most favorable criticism. The author is a well known and experienced surgeon, and fully qualified to write a book upon operative surgery. The volume now offered the profession is fully up to the standard of a first class treatise. The style, subject matter and general get up of the book are such as to commend it to a place among the most popular and useful text books now used in our medical schools.

It is a volume especially adapted to students, but will be found of assistance to every surgeon.

*Eye Sight and How to Care for It.* By GEO. C. HARLAN, M. D., Surgeon to Will's Eye Hospital, Philadelphia. Published by Lindsay and Blakiston, Philadelphia, 1879, Price 50cts.

This is 4th volume of the series of American Health Primers, edited by W. W. Keen, M. D., and published by Messrs. Lindsay and Blakiston. The subject matter of this volume is of vital importance, and it is presented here in a practical and entertaining style.

The book is designed for general use, and can be understood as readily by the layman as the professional reader.

The object of this volume is rather to point out and popularize well established facts, and accepted theories than to present anything original.

The volume is a useful contribution to the popular style of instructing the laity in sanitary matters.

*The Student's Guide to the Diseases of Women.*—By ALFRED LEWIS GALABIN, M. A., M. D., F.R.C.P., Assistant Obstetric Physician and Joint Lecturer on Obstetric Medicine to Guy's Hospital. Published by Lindsay & Blakiston, Philadelphia, 1879.

This is a volume of 360 printed pages, divided into twelve chapters which treat of a majority of the diseases peculiar to women. Chapter I, begins with Physical Diagnosis; chapter XII, On Functional and Symptomatic Disorders ends the volume. Intervening chapters are devoted to Physiology of Normal Menstruation, Malformation of the Uterus and Vagina, Displacements of the Uterus and Pelvic Viscera and Atrophy of the Uterus, Diseases of the Ovaries, etc., etc. The volume is well written and handsomely illustrated but contains but little that will not be found in larger works upon diseases of women.

*Students' Pocket Medical Lexicon.* By ELIAS LONGLEY. Published by Lindsay and Blakiston, Philadelphia, 1879.

This Pocket Lexicon gives the correct pronunciation and definition of all words and terms in general use in medicine and the collateral sciences, the pronunciation being plainly represented in the American Phonetic Alphabet. An appendix is added containing a list of poisons and their antidotes, abbreviations used in prescriptions, and a metric scale of doses. The Lexicon is of convenient size for use in the lecture room. It is a very handy and useful book.

*Reports to the St. Louis Medical Society on Yellow Fever.* By W. HUTSON FORD, A. M., M. D., St. Louis; Geo. O. Rumbold & Co., 1879.

Few, if any, of the contributions to the literature of this most important subject contain more of interest and importance to the profession and public, than is to be found in this volume, which contains, in detail, a record of the cases of yellow fever developed in St. Louis, and those treated at quarantine, and other matter equally valuable.

*A Clinical Treatise on the diseases of the Nervous System.* By M. ROSENTHAL, Professor of Diseases of the Nervous System at Vienna. With Preface by Professor Charcot. Translated from the Author's Revised and Enlarged Edition. By L. Putzel, M. D., Volume II. New York: William Wood & Co., 1879.

In this volume is embraced diseases of the anterior portion of the

cord, hysteria, spasmodic cerebral and spinal neuroses, vaso motor and trophic neuroses, &c., &c.

It is difficult to place a proper estimate on its value from such a cursory examination as our time and space necessarily compels. It must be seen, read and studied, to be properly appreciated.

*On Diseases of the Stomach, the Varieties of Dyspepsia, their Diagnosis and Treatment.* By S. O. Habershon, M. D., London, Fellow of the Royal College of Physicians, &c. Third Edition, Philadelphia: Lindsay & Blakiston, 1879.

This work of 317 pages is the result of many years of experience in hospital, as well as in private practice. The author has turned his opportunities to good purpose, and has fully learned the great desideratum of endeavoring to *cure the patient*, rather than merely seeking to *treat the disease*. It will be found alike valuable and entertaining.

*Transactions of the Ohio Medical Society, 1879.* Columbus: Cott & Hann.

This is a record of the Thirty-Fourth Annual Meeting of the Ohio State Medical Society, held at Dayton, June 3rd, 4th and 5th, 1879, embracing a neat book of 217 pages, containing proceedings in detail together with many interesting papers and a full list of members.

*A Manual of Midwifery for Midwives and Medical Students.* By Fancourt Barnes, M. D., Aber., M. R. C. P., Lond. Philadelphia: Henry C. Lea, 1879.

The acknowledged reputation of the author of this work, together with the well known character of the publishing house of H. C. Lea, will ensure for it an attentive perusal.

All must admit the necessity for the proper instruction of midwives —hence this book supplies a want long apparent to those who come in contact with them, and furnishes just what it is essential for them to know. It will also prove invaluable to the student.

## MISCELLANEY.

Precautions in Administering Acid Medicines.—In an article on the teeth, in the *British Medical Journal*, Mr. A. Stewart writes :—

As the ordinary expedient of a glass tube is seldom used so effectively as to prevent the acid reaching the teeth, other means must be used to prevent its ruinous effects on them ; and, being confident from long experience that the neutralization of the acid by a weak alkaline solution is invariably effective, I hope the time may soon come when every prescription containing an acid will be accompanied by an injunction to rinse the mouth immediately after every dose with a solution of the kind.

The form I have always recommended is a teaspoonful of bicarbonate of soda and a tablespoonful of eau de Cologne in a quart (a wine-bottleful) of water, a little hot water being added, if required, to warm the small quantity poured out for use. This is agreeable, easily remembered, and readily renewed. In hospital and dispensary practice, and by the poorer classes, a small piece of camphor may replace the eau de Cologne, and will serve quite as well to make the solution agreeable. This or some similar solution should be used to rinse the mouth, at least every night at bedtime, but better after every meal, whenever there is a suspicion of acid acting, or having acted, on the teeth, and may be relied on to preserve those that have not been permeated, and I think that dentinal softening of recent origin and small extent may be arrested by its continued use. It should be used several times a day from the commencement of every pregnancy. The mouth should be rinsed with it not only after every dose of mineral acid medicine, but also as soon as possible after acid fruits and whatever tastes acid in the slightest degree.

In case of serious illness, when the teeth are likely to be invaded by acidity from various sources, it may be possible to use it as a preventive when the toothbrush cannot be used, and in addition to it when it can. And, as it is more than a preventive of caries, often sufficing to keep threatening cavities quiet till they can be treated by operative means, it will be found so far serviceable during pregnancy and illness.

INDICATIONS FOR THE USE OF DIGITALIS.—W. H. Day, M. D., in an article on neurosal affections of the heart in children, gives the following indications for the use of digitalis:

1. That when the heart's action is weak and intermittent, digitalis should be given with caution, whether the weakness and intermission depend on organic change, or whether they are purely neurosal.

2. If the heart's action is quick, though weak and intermittent, digitalis may be serviceable by reducing the frequency of the cardiac contractions and lengthening the diastole; if the heart is low and feeble in its impulse, digitalis ought not, in my opinion, to be administered alone, but should be given with a remedy like iron or strychnia.

3. In palpitation, from merely neurosal affections of the heart, with the heart's action hard and hammering, as in some cases of chorea and Grave's disease, bromide of potassium does good, and not digitalis. Hence, digitalis is unwarrantable in simple hypertrophy, but when dilatation is combined with it, is of service.

4, When there is weakness of the muscular structure combined with palpitation, belladonna, or digitalis with bromide of potassium, or iron, or strychnia, are of service.

6. In palpitation produced by muscular effort, digitalis is of less service, and often does harm. In muscular effort, digitalis is of less service, and often does harm. In muscular inefficiency, when the heart does not empty itself at every systole, and arterial pressure is low, then it does good.—*Practitioner.*

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SUDDEN DEATH DURING THE EXTRACTION OF A TOOTH.—Dr. A. Pouley, in his treatise on Foreign Bodies in Surgery, mentions several cases where a tooth slipped into the larynx while it was being extracted, and gave rise to very dangerous symptoms. Two of these cases proved fatal. It is noteworthy that in these latter cases the patients had been rendered insensible by nitrous oxide. A few weeks ago, a similar deplorable accident took place at a dentist's in Paris. The patient was a child, aged 7, who was having a molar tooth extracted. The child struggled violently, and the tooth slipped from the forceps into the larynx. The patient died on the spot, of suffocation This case is not unlike one described by M. Rigard, who saw a child upon whom he was operating for hare lip die under his hands. The necropsy revealed a milk-tooth sticking in the rima glottidis, and completely obstructing the opening.

Disposal of Excreta.—In his address on hygiene at the meeting of the British Medical Association, Dr. Fergus said in reference to the disposal of excreta that, "after years of further study and investigation, I can only adhere to my opinion, expressed many years ago, that 'if it is true that organic poisons producing disease may pass from sewage; if it is true that cholera, diphtheria, typhoid fever, and diarrhœa are traceable to taking into our systems, by air or water, the results of decomposition of human excreta; if it is true that these diseases and others from the same causes, swell our death-rate and carry off some of the most valuable of our population, then, gentlemen, I affirm that the only true sanitary solution of our difficulties is, that all excreta shall either be returned to the earth or subjected to chemical action rendering decomposition impossible; and I am furthermore sure that if a tithe of the time, skill, and ingenuity, and one-thousandth part of the money that have been devoted to water-carriage had been spent in investigations in this direction, the problem of the sewage question would have been solved long ago."

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Baldness from Fright.—A curious case of complete alopecia is reported in the *Gazette des Hospitaux*, No. 83, 1879. A girl, aged 17, who had always enjoyed good health, had one day a narrow escape from being crushed by a floor giving way beneath her. She was very much frightened; and the same night began to complain of headache and chills. The next morning felt restless, and had itching of the scalp. During the following days, she steadily improved, with the exception of the itching. One day, in combing her hair, she noticed that it came out in great quantities. Three days later, she was perfectly bald; and in two more days she had lost every hair on her body. Her general health was good. The patient remained bald, and was still so when seen two years after by the reporter.

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A Needle in the Heart.—At a post-mortem examination in a lunatic asylum in Saxony, a needle was found sticking in the heart. It had passed through the posterior wall of the left ventricle. The patient, a man aged 25, had died of peritonitis; he had always felt well previous to his last illness, and never complained of any cardiac troubles. In what way the needle entered his heart remains unknown.

# INDEX TO VOLUME V.


A Case of Acute Inflammation of the Middle Ear with Symptoms of Meningitis..... 333
A Case of Myosarcoma Striocellulare of the Kidney..... ..... 41
Case of Puerperal Fever Cured by Benzoate of Soda ..... 39
A Case of Gun Shot Wound of the Bladder..... 388
A Case of Nigrities Linguæ..... 417
A Clinical Treatise on Diseases of the Nervous System, (*Review*),... 428
A Cause of and Treatment for Pseudo Angina Pectoris..... 241
An Efficient Ether Inhaler..... 413
A Few Well Established Facts in Connection With Squint, *Review* (Chisolm.) ..... 368
A Guide to Surgical Diagnosis, (*Review*)..... 427
Alcohol Dressings of Wounds as a Prophylaxis Against Erysipelas, 275
Alleghany County Medical Society (Reports).....198, 269, 348
Alexis, St. Martin..... 424
A Manual of the Principles and Practice of Operative Surgery (*Review*)..... 427
A Manual of Midwifery for Midwives and Medical Students..... 429
A Medical Utopia..... ..... 218
American Gynecological Society, (Report.).. .....362, 392
American Laryngological Association, (Notice ).....107
American Gynecological Society, (Editorial)..... 422
Amygdalis..... 339
An Atlas of Human Anatomy, *Reviews*, (Godlee.).....72, 208
A Needle in the Heart..... 432
A New Anæsthetic..... 223
A New Insect Powder..... 299
A New Method for Cupping Extempore..... 298
An Obstetric Warning..... 148
Antiseptic Treatment of Genital Canal in Women..... 223
Arkansas State Medical Society... 210
Arnold, A. B., M. D..... ..... 87
Arsenic in Cancer..... 250
A Simple Method of Preventing Mammary Abscess..... 317
Atkinson, I Edmondson, M. D..... 260

Baldness from Fright ..... 432
Baltimore Academy of Medicine, (Reports).....62, 109, 189
Battey's Operation..... 188
Bedford Alum and Iron Springs, Water and Mass..... ... 74
Berry, John James, M. D..... 378
Board of Health and Medical Society of Halifax County, North Carolina..... 346
Board of Health, Sampson County, North Carolina..... 350
Books and Pamphlets 69, 122, 205, 367, 424
Boteler, W., M. D..... 241
Briefs..... 143
Brown, T. R., M. D..... 29
Bucco-Pharyngeal Tuberculosis.... 106
Bulkley, L. D., M. D..... 265
Bullet wound of the Face, Antiseptic Surgery..... 336

Calomel in Eczematous Affections 297
Canniff, W., M. D , M. R. C. S., Eng. 336
Case of Recovery from Leprosy... 181
Case of Scarlatina Followed by Paralysis of the Tongue..... 171
Cases of Retro-tracheal Retention-Cysts..... ..... 346
Causes of Suicide..... 152
Changes, Editorial and in Faculty of University of Maryland,..... 423
Chemistry, General, Medical and Pharmaceutical, (*Review*,) Attfield..... 135
Chew, S. C., M. D..... 229
Cholera and Diphtheria in the East..... 291
Cholera Infantum..... 300
Chronic Tobacco Poisoning..... 87
Clinical Lectures.....24, 169
Clinical Medicine, (*Review*)..... 424
Clinical Reports.....171, 250, 327, 388

Clinical Treatise on Diseases of the Liver, *Review*, (Freirichs).... 133
Close of the Fifth Volume (Editorial)..... 423
Cohen,, J. Solis M. D..... 319
Colden's Liebig Extract of Beef... 67
College Improvements..... 424
Contribution Towards the Study of the Respiratory Trouble in Syphilitic Laryngitis..... 104
Cordell, E. F., M. D., 120, 175, 198, 265
Coroner's Inquests ..... 218
Correspondence, 21, 93, 168, 265, 351. 386
Coskery, Oscar J., M. D .....169, 256, 373
Cremation as a Preventive of the Spread of Yellow Fever.. ..... 361
Crude Petroleum in Bronchial Affections..... 419
Cure of Epileptiform, Neuralgia of the Face by Ammoniated Copper..... 40
Cutter, Ephriam, M. D..... 171

Dabney, Wm. C., M. D..... 270
Danger of Powerful Remedies During Kidney Disease..... 149
Dangers of the Uterine Sound..... 225
Dedication of the McDowell Monument..... 137
Delirium Tremens ..... 182
Demonstrations in Anatomy, *Review*, (Ellis)..... 134
Diagnostic Difference Between Chancre and Chancroid..... 301
Diphtheria..... 281
Diphtheria, *Review*, (Mackenzie)... 207
Diphtheria and Its Relation to Membranous Croup..... 77
Diseases of the Abdomen, *Review*, (Habershon)..... 206
Disinfectants and Deodorants Recommended by the Sanitary Council of the Mississippi Valley..... 279
Disposal of Excreta..... 432
Drying up Milk..... 147
Dystochia and Impairment of Intellect in Children from Premature Ossification of the Fœtal Cranium..... 186

Early Treatment of Phthisis..... 182
Editorial.....73, 137, 210, 362, 422
Emmet on the Use of Ergot..... 217
Ergotine for Neuralgia..... 298
Excision of the Epiglottis..... 340
Expression Method in Head Presentations..... 186
Extirpation of the Larynx..... 103
Eye Sight and How to Care For It, (*Review*)..... 427

Fatty Disease of the Heart,—A Clinical Lecture..... 229
First Step in Chemical Principles, (*Review*)..... 426
Five Consecutive Unnatural Labors 186
Flowers of the Meadow Sweet in Acute Rheumatism..... 297
Fox, Tilbury, Dr..... 225
Freckles..... 299
Functional Obstruction of the Intestine Probably of Hysterical Origin..... 220

General Directions in Contagious or Infectious Sickness..... 281
Gibney, V. P., M. D..... 15
Greene, W. A., M. D..... 67
Grove, B. F., M. D..... 236
Guide to Therapentics and Materia Medica, *Review*, (Farquharson). 209

Hancock's Lozenges..... 210
Hartman, J. H., M. D. .....100, 338
Havana Commission..... 289
Health and How to Promote It, *Review* (McSherry)..... 69
Hearing and How to Keep It, *Review*, (Burnett)..... 367
Hemorrhoids—Operation, Etc..... 285
Hicks, J. L., M. D..... 333
Hill, J. Shelton, M. D..... 153
Hints on the Obstetric Procedure, *Review* (Atkinson)..... 208
Horlick's Infants Food..... 216
Hot Application to the Head in Uterine Hemorrhage..... 222
How to Cough..... 147
How to Stop a Cold..... 144
Hyperæsthesia of the Larynx and Pharynx..... 313
Hypodermic Injection of Morphia. 216

Indications for the use of Digitalis 431
Intra-Uterine Medication..... 415
Is Phthisis Contagious..... 300

Johnson, Geo., M. D..... 250
Jordan Alum Springs, Va..... 265

Lactopeptine..... 291
Lænnec and Skoda..... 1
Laryngeal Syphilis..... 341
Laryngeal Consumption..... 100
Laryngological Periscope.....100, 338
Leonard, B. F., M. D.....186, 413
Lessons in Gynecology, (*Review*)... 425
Ligature of Pedicle in Ovariotomy, 189
Long Life and How to Reach It. *Review*, (Richardson)..... 368
Lumbago..... 183
Luxation of the Left Arytenoid Cartilage..... 338

Mahomed on Bright's Disease..... 221
Manual of Examination of the Eyes, *Review*, (Landoll)..... 136
McDowell, W. J., M. D..... 327
Medical and Chirurgical Faculty of Maryland, (Report,)..... 48
Medical Education in Baltimore, 267
Medical Society of Harford Co. (*Report*)..... 203
Medical and Surgical Society of Baltimore, (Report)..... 120
Memphis Sanitary Matters..... 21
Michael, J. Edwin, M. D..... 41
Miscellaney..... 217
Morison, R. B., M. D..... 39
Morris, John., M. D..... 169
Multiple Cerebro Spinal Sclerosis. 179

Nitrate of Amyl in Ague..... 421
Norris, R. M., M. D..... 23
Notes on Cases of Fracture in the Aged..... 378

Obituary Record.....75, 227, 292, 359
Ohio State Medical Society, (Report).. ..... 212
On Diseases of the Stomach, &c., (*Review*)..... 423
On Some of the Surgical Uses of Elastic Compression,..... 308
On Squint Caused by Hyperopia 8
On the Permanent Removal of Hair by Electrolysis..... 264
On the Permanent Removal of Superfluous Hairs..... 263
On the Therapeutic Forces, *Review*, (Mayo)..... 72
On the Treatment of Lupus by Erosion..... 262
On the Use of Forceps and Its Alternatives..... 187
On Villous Diseases of the Bladder, 294
Ostrich Pepsine ..... 217
Other Symptoms of Nervous Exhaustion..... 209
Ozœna..... 148
Ozœna and a Simple Method of Treatment..... 102

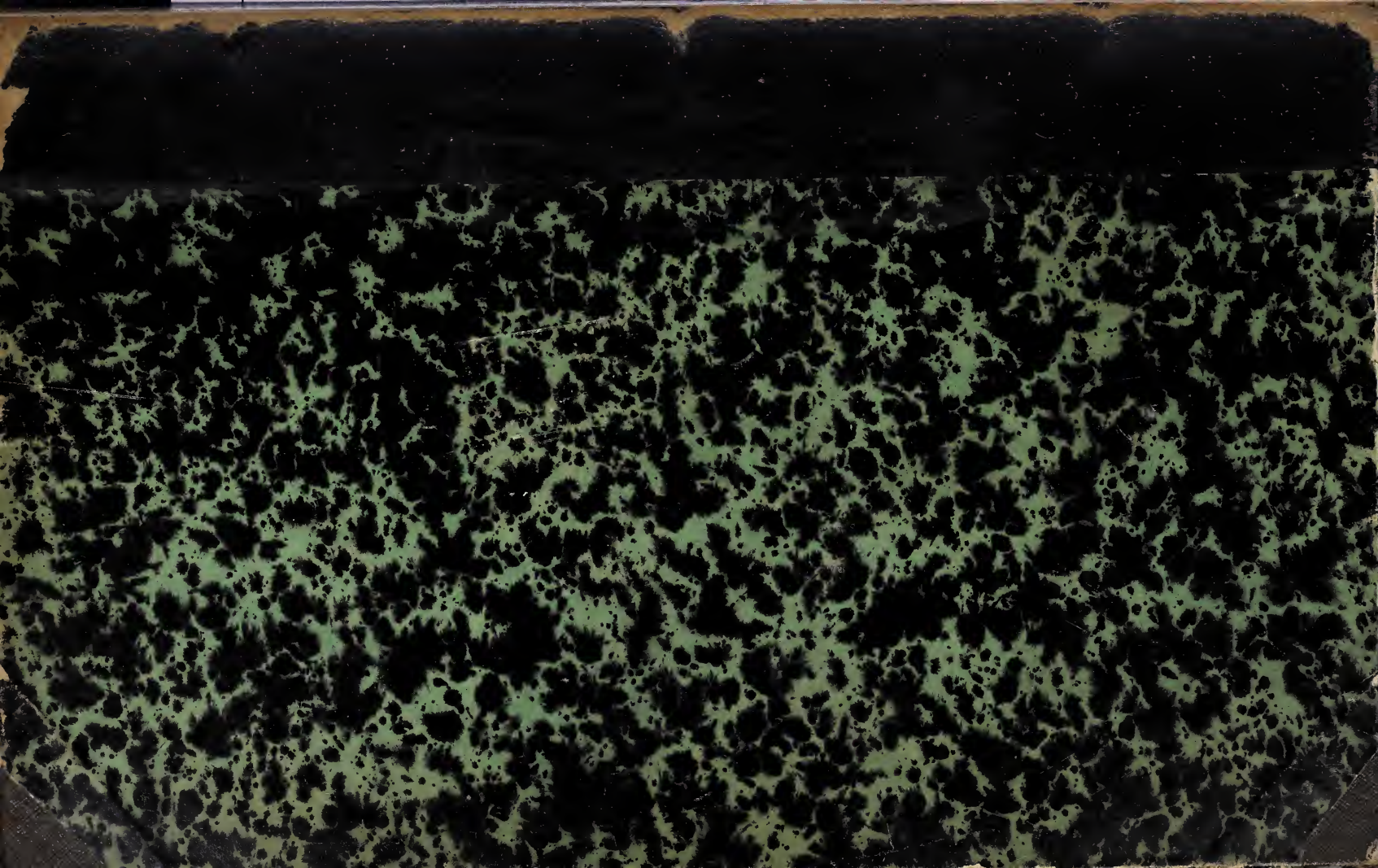
Paralysis of the Posterior Crico-Arytenoid Muscle..... 345
Paraplegia in Syphilitic Subjects... 224
Pearson, F. W., M. D..... 1
Photographic Illustrations of Skin Diseases, *Review*, (Fox)..... 208
Poisoning by Carbolic Acid..... 297
Poisoning by Rhus Radicans..... 282
Pocket Therapeutics and Dose Book, *Review*, (Stewart)..... 367
Portrait of Dr. Long..... 363
Præputial Calculi..... 287
Precautions in Administering Acid Medicines..... 439
Prize Essay—Baltimore Academy, of Medicine..... 217
Progressive Surgery,..... 41
Prof. Schroeder..... 219

Recent Dermatological Literature 260
Recent Progress in Obstetrics and Gynecology ..... 186
Remarkable Cæsarian Operation, 187
Reports of Societies.....48, 189, 346, 392
Richardson, T. G., M, D..... 301

Salicylate of Sodium in Rheumatic Irido-cyclitis..... 327
Schindell, O. W., M. D..... 350
Sea Water in Treatment of Chronic Catarrh..... 419
Selections..... 411
Semi-annual Report of the Practice of Medicine..... 175
Severe Injury—Aloes Used as a Dressing..... 287
Shepherd, F. J., M. D., M. R. C. S. 317
Sir Wm. Jenner..... 365
Societe de Therapeutique..... 41
Societe Medicale..... 40
Some Observations on the Treatment of Syphilis..... 153
Some Recent Operations in Surgery..... 373
Sources of Alarming Hemorrhage in Phthisis..... 278
Staton, L. L., M. D..... 388
Students' Pocket Medical Lexicon, (*Review*)..... 428
Sudden Death during the Extraction of a Tooth..... 431
Surgeon General U. S. Navy..... 364
Sweating Hands..... 300
Syphilis..... 24
Syphilitic Sore Throat..... 319

Tenth Census of the United States..... 213
The Advantages and Accidents of Artificial Anæsthesia, *Review*, (Turnbull)..... 369
The American Academy of Medicine..... 289
The Diagnosis Between Contusions, the Blood Extravasations or Scurvy-like Diseases and Erythema Nodosum..... 260
The Electric Light..... 295
The Metric System..... 298
The National Dispensatory, *Review*, (Stille and Maisch)..... 71
The Necropsy of M. Groux..... 224
The Ovarian Cell..... 168

The Question of Tying the Cord, 295
The Real and Comparative Value of the Hypophosphites in the Treatment of Pulmonary Consumption..... 353
The Student's Guide to the Diseases of Women, (*Review*)..... 428
The Topical Uses of Ergot,..... 270
The Treatment of Bow-legs..... 15
The Treatment of Variola with Carbolic Acid..... 41
The Use of Atropia in Tetanus.... 360
The Treatment of Pott's Disease and Lateral Curviture by a Removable Paper Jacket..... 244
The Treatment of Urticaria..... 263
The Use of Chrysophanic Acid and Pyrogallic Acid in Skin Diseases..... 261
The Use of the Forceps..... 294
Theories of Disease..... 236
Tiffany, L. McLane, M. D..... 163
Tracheotomy in Bilateral Paralysis of the Posterior Crico-Arytenoid Muscle..... 342
Translations..... 39
Transactions of the American Medical Association, *Review*, 1878..... 205
Transactions of Medical Society of Arkansas..... 367
Transactions of Medical Society of Tennessee..... 368
Treatment of Epithelioma of Cervix Uteri, (Sims)..... 367
Treatment of Inverted Toe Nails, 295
Treatment of Pertussis by Inhalations of Carbolic Acid.....40, 286
Treatment of Rheumatism..... 177
Treatment of Sciatica..... 361
Trommer's Extract of Malt..... 213
Two Cases of Fracture of the Pelvis..... 256

Urethral Rheumatism..... 163
Use of Croton Chloral..... 296
Uterine Diseases..... 284

Will, J. C. Ogilvie, M. D..... 308
Worms..... 299
Writer's Cramp..... 222
Yellow Fever.....288, 364, 368